

Date Correction Plan Due 5/23/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(l) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center Marion Day Care Inc		Provider Number / Facility ID Number 6000561176 / 001 - 420432		
Address - Facility (Street, City, State, Zip Code) 1001 N Main St Marion WI 549508703		Telephone Number 715-754-5473	Date - Regulation Visit 4/14/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)1. Staff Record - Personal Information Description: Staff member C on the staff record checklist failed to have a staff record form on file.	Checklist printed and placed in file on 4/15/2025	4/15/2025	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff member C on the staff record checklist failed to have a current CPS training on file.	CPR class was scheduled. Class was completed on 4/10/2025	4/10/2025	

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3	251.07(6)(dm)2. Medical Log - Pages & Entries Description: Based on record review, pages were torn out of the medical log book.	A new med log purchased.	4/15/2025	

NAME - Agency Worker
Gina Linssen

Date Issued
5/9/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Juanh Roe

Date Signed

5/12/2025