

Date Correction Plan Due	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		Provider Number / Facility ID Number	
Marion Day Care Inc		6000561176 / 001 - 420432	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
1001 N Main St Marion WI 549508703		715-754-5473	9/24/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.04(2)(h)3. Policy Submitted & Implemented - Discharge Of Enrolled Children Description: On 9/23/25, the center failed to implement their disenrollment policy when they disenrolled a child for reasons unrelated to those written in their policy.	Review and update Policy	12/1/2025
2	251.04(2)(h)9. Policy Submitted & Implemented - Emergency Plans Description: On 9/16/2025, the center failed to implement their emergency plan when they evacuated to a location not listed as their safe area and they failed to have parent contact information to notify parents of where the children could be picked up. They used the Bright Wheel application; however at least one parent did not have access to the app.	Review and update Policy	12/1/2025

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 9/24/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	251.04(3)(b) Report - Damage To Premises Description: Center failed to notify the department of an gas leak incident on 9/16/25, that resulted in loss of utilities.	Review licensing rule Review and update Policy	10/14/2025 12/1/2025

NAME - Agency Worker
Amie Bodart

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Sarah Roe

Date Signed

10/14/2025