

<b>Date Correction Plan Due</b> 8/8/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 715-930-1148
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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)(i) 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		
Ol-So-Nice Daycare		4000591634 / 001 - 2006595		
Address - Facility (Street, City, State, Zip Code) 946 Oak St Mondovi WI 547551351		Telephone Number 608-863-2921	Date - Regulation Visit 6/11/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(b) <b>Current, Accurate Daily Attendance Record</b>  Description: The attendance was not current and accurate when seven children were in care and no one had been signed in on the attendance record. The provider immediately signed the children in upon realizing the oversight.	Sign Kids in everyday and sign out everyday time in and Time out	6/11/25	8/7/25
2	250.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b>  Description: Two Authorizations to Administer Medication forms for infant acetaminophen (Tylenol) exceeded the manufacturer's instructions for the length of the authorization. Authorizations that exceed the period of time specified on the label are prohibited.	Notified Parents that authorization was longer than manufacturer specification Send medication. I will review medications instructions and authorization in future to ensure the time frame is not exceeded	6/11/2025	8/7/25

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Noncompliance Statement

Correction Plan

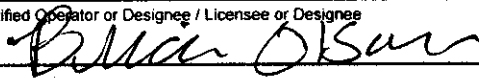
Expected  
Completion Date

Verification  
Date

NAME - Agency Worker  
April Callihan

Date Issued  
7/25/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

8/7/25