

## NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

**TO FILE A COMPLAINT CALL**  
608-422-6765

**Correction Plan Due**  
8/20/24

**Purpose 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 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 copy of the sanction and / or penalty and your appeal rights.

**Name - Certified Operator / Licensed Center** **Provider Number / Facility ID Number**  
Melick Family Day Care 7000581197 / 001 - 1013074

**Address - Facility (Street, City, State, Zip Code)** **Telephone Number** **Date - Regulation Visit**  
1 Renaissance Dr Fitchburg WI 53711 608-213-5931 8/22/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
250.05(2)(a) <b>Staff File - Staff Record Form</b>  Description: Staff a and B were missing documentation of personal information, previous work experience and emergency contact information.  Los empleados A y B no tenían documentado su información personal, experiencia laboral y contactos de emergencia en su expediente.	Se tenía en mi archivo especial ya lo puse en la carpeta de los niños abajo	08/26/24	08/26/24

It was in a different file. The form was placed in the staff file

**NAME - Agency Worker**  
Lidarys Marquez

**Date Issued**  
8/26/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**



**Date Signed**

08/26/24