

Fax 920-785-7869

Date Correction Plan Due 2/13/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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)(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 Abc Child Care		Provider Number / Facility ID Number 1000580971 / 001 - 1010425		
Address - Facility (Street, City, State, Zip Code) 900 NE 5Th St Marion WI 54950		Telephone Number 715-754-7529	Date - Regulation Visit 1/25/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(2)(a)4.a. <b>Staff Record - Registry Certificate</b>  Description: Staff member A on the staff record form failed to have a Registry certificate.	In the future, Staff will apply for their Registry certificate immediately upon completing their Teachers class. Staff does have her certificate number.	2-5-24	
2	251.06(2)(p)1.b. <b>Radon - Testing, Current Providers</b>  Description: The center failed to conduct a radon test.	Test has been completed and mailed to the testing facility on 2/12/24.	2-12-24	

*Sharyl D. Westphal*

2-13-24

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	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
3	251.09(4)(b) <b>Infant &amp; Toddler - Sinks in Self-Contained Area</b>  Description: The infant and toddler room have been using a self-contained area that did not contain a sink with hot and cold running water.	The pocket door separating the infant play area from the infant nap area will be kept open for easy access to the sink and changing area.	1-25-24

**NAME - Agency Worker** Gina Linssen **Date Issued** 1/30/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**  **Date Signed** 2-13-24