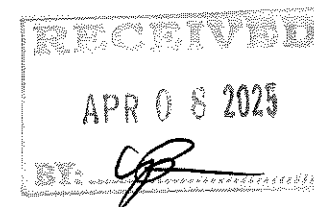


Date Correction Plan Due 4/17/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b>
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**Use of Form:** This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) 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.

<b>Name - Certified Operator / Licensed Center</b> Darlene Mcneal		<b>Provider Number / Facility ID Number</b> 7000586277 / 001	
<b>Address - Facility (Street, City, State, Zip Code)</b> 2540 Rolling Fields Dr Mt Pleasant WI 534062261		<b>Telephone Number</b> 262-672-8475	<b>Date - Regulation Visit</b> 4/3/2025
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	<p>202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following:</p> <ol style="list-style-type: none"> <li>1. The Parents' Home And Work Phone Numbers.</li> <li>2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan.</li> <li>3. The Parents' Signed Consent For Emergency Medical Care.</li> <li>4. A Name And Number To Call If The Child Requires Emergency Medical Care.</li> </ol> <p>Description: Child 1 child enrollment &amp; health history form is incomplete.</p>	<p><i>I will have the parent finish the Enrollment portion that wasn't filled out on the Health History Report</i></p>	<p><i>April 8, 2025</i></p>



Name - Certified Operator / Licensed Center Darlene Mcneal		Provider Number / Facility ID Number 7000586277 / 001	
Address - Facility (Street, City, State, Zip Code) 2540 Rolling Fields Dr Mt Pleasant WI 534062261		Telephone Number 262-672-8475	Date - Regulation Visit 4/3/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
2	202.08(9)(b) Before Transporting A Child, An Operator Shall Obtain Signed Permission From The Parent For Transportation And Emergency Information For Each Child.  Description: Child 1 missing an authorization to transport.	I will fill the transportation form out by the parent and I will put a copy of the form in my folder in my truck	4/8/2025
			Verification Date

NAME - Agency Worker  
Semaja McClain, Yovanka Vazquez

Date Issued  
4/3/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Darlene Mcneal*

Date Signed

4/8/2025