

<b>Date Correction Plan Due</b> 6/15/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 715-361-7700
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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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>		
Child Care Ctrs Of Marshfield Site1		0000558100 / 001 - 620398		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
803 N Peach Ave Marshfield WI 544492328		715-384-4854	5/28/2026	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.06(11)(b)5. <b>Outdoor Play Space - Energy-Absorbing Surfaces</b>  Description: Per observation, there was not 9 inches of an energy absorbing surface under play equipment 4 feet or higher and in a fall zone of 4 feet beyond the equipment.	Pea gravel will be added under the playsets and 4 feet around them to equal 9 inches of an energy absorbing surface.	We're currently on 2 local landscaping lists for a delivery of pea gravel. It will be delivered by the end of June.	
2	251.07(6)(dm)3.b. <b>Medical Log - Injury In Care</b>  Description: Per review, there were several entries that did not include times of injuries/incidents in the medical log books for the one and two year old classrooms.	All Staff, in all classrooms, at both centers have been re-trained on how to document entries in the medical log books. Each entry will be sure to include the time.	Completed	

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3	251.07(6)(f)6. <b>Current Authorizations For Medications On Premises</b>  Description: Per observation, there was a medication that was expired in the 3-5 year old classroom. The medication authorization was also expired.  Repeat violation: Previously cited on 5/21/2025	Expired medication will be sent home once it expires and expired medical authorizations will be filed in the child's file. A new medical authorization has been completed and new meds (non-expired) have been brought in.	Completed
			Verification Date

NAME - Agency Worker  
Bonnie Davis

Date Issued  
6/1/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Sarah Hanken*

Date Signed

6/15/2026