

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

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	
Children's Day Center And Preschool		4000556684 / 001 - 120079	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	
525 Madison Ave Baraboo WI 53913		608-356-4116	
Date - Regulation Visit		Correction Plan	
7/10/2025		will send in within 24 hours when a incident happened.	
Rule/Statute Number	Noncompliance Statement	Expected Completion Date	Verification Date
1	251.04(3)(a) Report - Incident Or Accident Description: The department was notified of a child injury that resulted in professional medical evaluation 15 days after the incident occurred, instead of being notified within 24 hours of when center staff were aware of the medical evaluation.	7/18/25	

NAME - Agency Worker
Amy Anderson

Date Issued
7/11/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Amy Anderson

Date Signed

7/18/2025