

**Date Correction Plan Due**  
1/30/2025

**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**

Pelican

1000588461 / 001 - 2002229

**Address - Facility (Street, City, State, Zip Code)**

2626 Homestead Rd Madison WI 537114066

**Telephone Number**

608-515-4469

**Date - Regulation Visit**

1/14/2025

	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.04(6)(a)1m. <b>Child Record - Health History</b>  Description: Child 1 did not have health history information on file.	Health History DCF form filled out by parents	1/24/25	
2	250.04(6)(a)4.a. <b>Child Record - Physical Exam - Under 2</b>  Description: Child 1 and Child 2 did not have documentation of an initial health examination or follow-up health exam at least once every 6 months for children under 2 years of age.	Child Health Report DCF form filled out by physician	1/24/25	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>3 250.04(6)(a)4m. <b>Child Record - Immunization History Compliance</b></p> <p>Description: Child 1 did not have immunization history on file.</p>	<p><i>Day Care Immunization Record DCF form filled by Physician</i></p>	<p><i>1/24/25</i></p>	
<p>4 250.06(2)(h) <b>Smoking Prohibited On Premises</b></p> <p>Description: Provider was smoking outside on the premises while children were in care.</p>	<p><i>No smoking on the premises Mon-Fri, 8am - 6pm</i></p>	<p><i>1/17/25</i></p>	
<p>5 250.09(4)(b) <b>Infant &amp; Toddler - Diaper Changing Surface - Disinfection</b></p> <p>Description: Diaper changing surface was not an easily cleanable surface and was not cleaned with soap and water and a disinfectant after each use.</p>	<p><i>Plastic mat for diaper changes and clean the surface with soap and water and a disinfectant after each diaper change.</i></p>	<p><i>1/17/25</i></p>	

NAME - Agency Worker  
Rebecca Brickson

Date Issued  
1/16/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Melen*

Date Signed

*1/21/2025*