

Date Correction Plan Due 2/11/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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 Grey Mansion Day Care		Received State of Wisconsin FEB 10 2025	Provider Number / Facility ID Number 8000557788 / 001 - 531032		
Address - Facility (Street, City, State, Zip Code) 110 E Cedar Ave Birchwood WI 54817		DCF DECE BECR WRC	Telephone Number 715-354-7039	Date - Regulation Visit 1/22/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan		Expected Completion Date	Verification Date
1	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center, and a follow-up examination at least once every 6 months thereafter. Child #4 did not have documentation of a follow-up exam within the past 6 months.	Child #4 has documentation of the child's health report on 2-6-25, and it was filed in her personal file.		2-6-25	2-6-25
2	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Provider was missing documentation of having maintained a current certificate of completion for infant and child cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use from an agency approved by the Department.	I have signed up for the CPR class being held on 3-8 at the North Wood Tech on		3-8-25	3-8-25

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3	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Provider was missing documentation of having received training within the past two years on child abuse and neglect laws, identification, and reporting.	I have completed this training, and printed out a Certificate of Training	Jan. 27 - 2025	Jan 27 2025
4	250.05(4)(c)1. Continuing Education - Requirement & Training Topics Description: Provider did not have documentation of the yearly requirement of 15 hours of continuing education for 2024.	I will try to complete as many hours as possible for 2024.	As soon as possible	As soon as possible
5	250.06(2)(n)1.b. Radon - Testing, Current Providers Description: The provider failed to conduct a test for radon gas levels by September 1, 2023 as was required by rule changes that took effect on March 1, 2023 giving current providers 6 months to comply with this new rule requirement.	I received my Radon test on Friday 1-31-25 and started testing on Feb. 1	February 3rd.	2-3-2025

NAME - Agency Worker
Wendy Badzinski, Jennifer Stubbe

Date Issued
1/27/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

B. Marie Wing

2-6-25