Date Correction Plan Due 4/21/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 920-785-7811

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**
The Patricia J Wood Childcare Center	8000592638 / 002 - 2008812

Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
209 E Blossom St Ripon WI 54971	920-896-6090	4/1/2026

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Two staff members E and G, did not have their physicals in their files after 30 days of employment - see checklist.	Staff member "E" Completed in Dec. 2025 Staff member "G" will get the copy by 4|13|26	4|1|26	
2	251.05(3)(b) **Abusive Head Trauma Prevention Training** Description: One staff member #G, did not have abusive head trauma training documented and in their file prior to working with children - see checklist.	Completed 4|7|2026	4|7|2026	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(4)(a) **Staff Orientation - Develop, Implement, Document** Description: One staff member, #A did not have her orientation in her file after her first week of employment - see checklist.	Completed 4/2/2026 *was	4/2/26	
4	251.055(1)(a) **Supervision Of Children** Description: The facility self-reported that on March 24, 2026 a 3-year-old was left in the classroom while the rest of the class went down to the lunch room. The child was left alone for approximately 10 minutes.	All staff will be taking the Keeping Children Safe: Staying aware with Child tracking. In addition all staff are required to count all Children before leaving their areas, along w/holding their classroom ~~foster~~ directly in their hands. Walking facing the Children at all times.	Class Completed 4/28/26	
5	251.055(1)(f) **Child Tracking Procedure** Description: On March 24, 2026 a staff member did not follow the tracking procedure when she got to the lunch room and did not realize she was missing a child.		3/24/2026	

NAME - Agency Worker
Jill Kellner

Date Issued
4/7/2026

SIGNATURE - Certified Operator or Designee / ~~Licensee or Designee~~
A. Astrcan

Date Signed
4/13/2026