DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
2/4/2026		715-361-7700

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
Revive Now Academy	7000593077 / 001 - 2008144

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1328 County Road A Tomahawk WI 544878632	720-390-9400	1/9/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)2. **Child Record - Emergency Medical Consent** Description: The file for Child 4 contained incomplete enrollment information, including consent for emergency medical care.	We will contact Child 4's parents to get all the right enrollment forms completed including consent for emergency medical care	January 12, 2026	
2	251.04(6)(a)6. **Child Record - Health History** Description: Child 4 did not have record of health history on file.	We will contact the parents of child 4 to get a record of health history on file	January 12. 2026	
3	251.04(6)(a)8.a. **Child Record - Physical Exam - Under 2** Description: Child 5 did not have record of immunizations on file.	We will contact child 5's parents to get a record of immunizations on file	February 16, 2026	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Revive Now Academy		7000593077 / 001 - 2008144	
Address - Facility (Street, City, State, Zip Code) 1328 County Road A Tomahawk WI 544878632	**Telephone Number** 720-390-9400	**Date - Regulation Visit** 1/9/2026	
Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
4 251.06(4)(d) **Exits & Passageways - Unobstructed, Minimum Width** Description: Per observation, the exits in the classrooms were partially obstructed with snow.	We will be checking everyday to be sure exits are cleared of snow + anything else so they are not blocked	January 12, 2026	

NAME - Agency Worker
Heather Struck, Brooke Lampe

Date Issued
1/20/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
02/04/26