Date Correction Plan Due 2/12/2025	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 715-930-1148

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**	
Tomah School Of Childhood	Received State of Wisconsin FEB 12 2025 DCF DECE BECR WRO	5000577925 / 001 - 520178	
Address - Facility (Street, City, State, Zip Code) 115 W Lacrosse St Tomah WI 54660		**Telephone Number** 608-372-2969	**Date - Regulation Visit** 11/19/2024

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.04(2)(L)1.a. **Monitoring Results Posted** Description: The monitoring results and correction plan from the most recent licensing inspection was not posted.	Correction Plan Posted	2.3.25	
2	251.05(2)(a)1. **Staff Record - Personal Information** Description: There was no documentation of Staff Record form information in the file for employee D.	Put completed record in file	2.3.25	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Tomah School Of Childhood		5000577925 / 001 - 520178	
Address - Facility (Street, City, State, Zip Code) 115 W Lacrosse St Tomah WI 54660	**Telephone Number** 608-372-2969	**Date - Regulation Visit** 11/19/2024	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: The file for Staff D did not contain documentation of a physical examination report completed within 12 months before or within 30 days after beginning work with children in care, indicating the person is free from illness detrimental to children, including tuberculosis, and physically able to work with young children.	Put completed record in file	2.3.25	
4	251.05(3)(b) **Abusive Head Trauma Prevention Training** Description: Documentation of completion of Abusive Head Trauma (AHT) training was not observed in the file for staff D. AHT training is required to be completed before a child care worker begins to work with children under age 5.	Put completed record in file	2.3.25	
5	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff D was missing documentation of having received training within the past two years on child abuse and neglect laws, identification, and reporting.	Put completed record in file	2.3.25	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Tomah School Of Childhood		5000577925 / 001 - 520178	
Address - Facility (Street, City, State, Zip Code) 115 W Lacrosse St Tomah WI 54660	**Telephone Number** 608-372-2969	**Date - Regulation Visit** 11/19/2024	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
6	251.06(3)(b)2. **Emergencies - Practice Written Plans** Description: The center director stated that tornado drills were not practiced in May or September of 2023.	Continue to practice and document all tornado drills	2.3.25	
7	251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: An inspection of the medical log book revealed the log hasn't been reviewed every 6 months as required by rule. Repeat violation: Previously cited on 11/30/2023	will review all med log book	2.3.25	

NAME - Agency Worker
Jennifer Stubbe

Date Issued
1/29/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Michelle Wedemeyer, Holly A. Sue

Date Signed
2.3.25