

Date Correction Plan Due 12/5/2025	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 Rocking Horse Family Day Care		Provider Number / Facility ID Number 0000564340 / 001 - 530285	
Address - Facility (Street, City, State, Zip Code) 549 S Wasson Ln River Falls WI 54022		Telephone Number 715-497-2124	Date - Regulation Visit 11/20/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.05(2)(b) Staff File - Background Check Results Description: Fingerprints not completed for the following individuals: Individual 001, Individual 002	To be completed by 12/5/25	Was Completed on 11/18/2025
			Was Completed on 11/18/2025

Received
State of Wisconsin

DEC 04 2025

DCF DECE BECR
WRO

NAME - Agency Worker
Margaret Done

Date Issued
11/21/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Roxanne M. Kaller

Date Signed

11-24-2025

RECEIPT DATE 11/18/25 No. 69-885

RECEIVED FROM Roxanne E. Raley, Koker \$ 40.00

Forty Dollars 100/100 DOLLARS

☐ FOR RENT
☒ FOR Non-Criminal Court / Diversion / Daycare

ACCOUNT	<u>4080</u>	☒ CASH
PAYMENT		☐ CHECK
BAL. DUE		☐ MONEY ORDER
		☐ CREDIT CARD

FROM _____ TO _____

BY SSA [Signature] #2751

3-11

STAFF IDENTIFICATION KEY
CONFIDENTIAL INFORMATION - DO NOT POST

Use of form: Use of this form is voluntary, however, because Noncompliance Statements and Correction Plans are posted on the Child Care Finder website, a key must be used to protect the confidentiality of children and staff name for noncompliance statements and other documents.

Instructions - Licensed programs: Noncompliance Statement and Correction Plan (DCF-F-CFS0294-E) and enforcement action documents must be posted next to the license certificate. However, this identification key contains confidential information, and **must not be posted** next to those documents. Post the attached document as required and keep this identification key on file for reference purposes.

Instructions - Certified programs: Noncompliance Statement and Correction Plan (DCF-F-CFS-2094-E) are not required to be posted next to the certificate. If you choose to post your Noncompliance Statement and Correction Plans, do not post this document. It contains confidential information and should be kept on file for reference purposes.

Name - Facility / Program Rocking Horse Family Day Care	Facility ID / Provider Number 530285 / 0000564340-001	Date 11/20/2025
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Form completed as attachment to ☒ Noncompliance Document

STAFF / FAMILY MEMBER / OTHER ADULT

ID	NAME	POSITION
001	Randall Koller	Household Member
002	Roxanne Koller	Applicant/Licensee

1970
12 NOV 1970
911