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
9/3/2026		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
Redeemer Lutheran Learning Center		9000571699 / 001 - 1004343
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
16 Theiler Dr Tomahawk WI 544871707	715-453-4814	7/29/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(jm) **Report - Prohibited Actions** Description: On 07/07/26 a child attempted to get up when sitting on the ground for a time out and staff held the child's legs down preventing them from getting up. The incident was not reported to the department within 24 hours of occurring.	I discussed with the employees who are in charge when I am gone, that need to self report incidents. I explained what to do, and will ask remind them to self report if anything occurs when I am on vacation or out of the office.	9/1/26	
2	251.05(2)(a)2. **Staff Record - Completed Background Check** Description: Per review of the daily attendance record and staff interview, Staff A was caring for children and did not have an approved DCF background check on file.	This has been resolved and going forward. I will not remove employees from the Portal till I know for sure if they are coming back at all or not.	9/1/26	

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3	251.07(2)(e)2. **Prohibited Actions - Verbal** Description: Staff threatened to force children sit down for time out when the children refused to sit down.	I have reviewed this with staff, but will provide trainings/conversations on ways approach challenging behaviors at our next staff meeting on 9/21/26.	9/21/26 (staff meeting)	
4	251.07(2)(e)3. **Prohibited Actions - Physical Restraint, Restriction, Enclosure** Description: In a self-reported incident, Child 1 attempted to get up when sitting on the ground for a time out and Staff B held the child's legs down preventing them from getting up.	This employee is no longer employed here. I have reminded rest of the staff, but will also include reminders at our next staff meeting on 9/21/26	9/21/26 (staff meeting)	

NAME - Agency Worker
Heather Struck

Date Issued
8/20/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
9/1/26