

Date Correction Plan Due 10/1/2025	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		Provider Number / Facility ID Number		
Rice Lake Cesa 11 Head Start		6000577816 / 018 - 1014695		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
205 E Orchard Beach Ln Rice Lake WI 548682844		715-434-5437	9/11/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.05(2)(a)3.a. Staff Record - Physical Examination</p> <p>Description: The file for Staff C did not contain documentation of a physical examination report on a form provided by the department, 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.</p> <p>Repeat violation: Previously cited on 11/29/2023</p>	<p><i>Staff member unable to find missing form. So had primary complete new form at appt that was scheduled.</i></p>	<p><i>9/26/25</i></p>	<p><i>9/29/25</i></p>

Name - Certified Operator / Licensed Center Rice Lake Cesa 11 Head Start		Provider Number / Facility ID Number 6000577816 / 018 - 1014695	
Address - Facility (Street, City, State, Zip Code) 205 E Orchard Beach Ln Rice Lake WI 548682844		Telephone Number 715-434-5437	Date - Regulation Visit 9/11/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
2	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 C. AHT training is required to be completed before a child care worker begins to work with children under age 5.	Staff member found documentation on their Registry certificate to show proof of training that was completed previously.	9/22/25
			9/22/25 documentation printed and entered in Child Plus

NAME - Agency Worker
Amelia Gruber, Sou Yang

Date Issued
9/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Melissa Weber

Date Signed
9/24/25

STAFF HEALTH REPORT – LICENSED CHILD CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 250.05(2)(d) and DCF 251.05(2)(a)3.a. of the Wisconsin Administrative Code. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The examining health professional will complete this form, sign Section B, and return the completed form to the individual for placement in the staff file.

A. STAFF INFORMATION FCC: provider, employee, substitute. GCC: persons who work directly with children except volunteers.

Name (Last, First, MI)

Jimenez-Alcaraz, Abril

Position Title

B. PHYSICAL EXAMINATION

Yes No I certify based upon my examination that this person appears free of symptoms of illness, including tuberculosis, or communicable disease that may be transmitted through normal contact.

Yes No I certify based upon my examination that this person appears to be physically able to work with children.

NOTE: This individual will be in contact with children receiving child care services and may be responsible for the physical care and social development of young children during the hours child care is provided. Some lifting of young children may be required.

Comments:

SIGNATURE – MD, PA or other Health Check Provider

Name – Examining Health Professional (Type or Print)

Address – Health Professional Office (Street, City, State, Zip)

Date Signed (mm/dd/yyyy)

1200 State Hwy 48, Cumberland, WI. 54837

092625

Certificate of Achievement

Childhood Care and Education



Abril Jimenez Alcaraz

has completed all requirements of

Level One

Preliminary Qualifications:

Assistant Teacher
Provisional Certified Family Child Care Provider
School-Age Group Leader

With:

DCF - Abusive Head Trauma
DCF - SIDS Training

Expiration Date: 10/31/2025

Registry ID #172166

10/14/2023 to 10/14/2024

Related Credits:	0.00	Tier 1-3 Training Hours:	0.00
Registered Training Hours	0.00		

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Years of Experience

Danielle Earley

Danielle Earley | Director of Operations
Wisconsin Registry

