

Date Correction Plan Due 5/9/2025	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 Learning Wagon Preschool And Child Care		Provider Number / Facility ID Number 0000590890 / 001 - 2006317			
Address - Facility (Street, City, State, Zip Code) 304 Eagle Ave Rockland WI 546539707		Telephone Number 608-406-6982	Date - Regulation Visit 4/9/2025		
	Received State of Wisconsin MAY 12 2025 DCF DECE BEGR WRO	Correction Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Expected Completion Date</th> <th style="width:50%;">Verification Date</th> </tr> </table>	Expected Completion Date	Verification Date
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1	Rule/Statute Number 250.04(6)(a)4.a. Noncompliance Statement Child Record - Physical Exam - Under 2 Description: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center, and a follow-up examination at least once every 6 months thereafter. Child #3 does not have documentation of a follow-up exam within the past 6 months.	The family had an appointment set up for 4-22-25. form was given 4-23-25	4-23-25		
2	Rule/Statute Number 250.07(6)(h)3. Noncompliance Statement Sharing Towels And Utensils Description: Towels and washcloths shall be individual to each person and used only once. There was only one towel available for children to dry their hands with in the bathroom on the day of the monitoring visit.	Put Paper towel dispenser up by bathroom door.	4-11-25		

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304 Eagle Ave Rockland WI 546539707

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4/9/2025

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

NAME - Agency Worker
Jennifer Stubbe, April Callihan

Date Issued
4/25/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

4-23-25