

Date Correction Plan Due 4/29/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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 Edgar Child Care Center		Provider Number / Facility ID Number 3000557023 / 001 - 620126		
Address - Facility (Street, City, State, Zip Code) 620 N 4Th Ave Edgar WI 544269150		Telephone Number 715-352-2000	Date - Regulation Visit 4/14/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Per review of attendance, 2 staff did not sign in or out of the infant classroom. Repeat violation: Previously cited on 5/15/2024	has director of the center, will meet with each teacher and explain the importance of signing in and out. To prevent, I will put up a sign where teachers can see it when entering a room	4/14/2026 4/14/2024	
2	251.05(4)(c)9. Continuing Education - Documentation Of 12 Month Period Description: Staff D and Staff I did not have 15 hours of continuing education documented for 2025.	Staff I will complete the amount of hours they were short for 2025. Staff D did complete the required hours for 2025 To prevent this from happening,	5/13/2026 Completed	
		going forward, I will send out cont. ed opportunities to staff at the beginning of each month and meet with them mid month to see if they have completed any or to remind them to complete and submit	5/1/2026 through 12/31/2026 and all future years	

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3	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Per review of medical log books, the medical log book for the toddler classroom has not been reviewed since 3-2025. The medical log book for the preschool classroom has not been reviewed since 4-2025.	Med logs were reviewed and logged To prevent this from happening again, a reminder will be written in my calendar to perform monthly checks	4/15/2024 4/15/2026
			Verification Date

NAME - Agency Worker
Bonnie Davis

Date Issued
4/15/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Shannon Ruppert

Date Signed

4/15/2026