

Date Correction Plan Due 4/7/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
--------------------------------------	--	--

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 Rachel's Place Early Learning Ctr	Provider Number / Facility ID Number 8000573858 / 001 - 520136
--	---

Address - Facility (Street, City, State, Zip Code) 2226 Eddy Ln Eau Claire WI 54703	Telephone Number 715-832-1414	Date - Regulation Visit 3/12/2025
--	----------------------------------	--------------------------------------

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.05(3)(c) Cardiopulmonary Resuscitation Training</p> <p>Description: Staff B was missing documentation of having obtained a certificate of completion for infant and child cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use from an agency approved by the Department within 3 months of employment.</p> <p>Repeat violation: Previously cited on 10/8/2024, 1/11/2024, 6/14/2023</p>	<p>Rachel's Place has begun using an Internet based training Company <u>Protrainings</u> For CPR, AED + 1st Aid training. We will no longer have to wait For a trainer to be available.</p>	4/1/25	
2	<p>251.05(4)(a) Staff Orientation - Develop, Implement, Document</p> <p>Description: Staff G was missing documentation of having received a complete orientation within her first week at the center.</p> <p>Repeat violation: Previously cited on 10/8/2024, 1/11/2024, 6/14/2023</p>	<p>The Director and the Staff member Will sign our newly designed orientation paperwork, and it will be placed in their File.</p>	4/1/25	

Name - Certified Operator / Licensed Center Rachel's Place Early Learning Ctr		Provider Number / Facility ID Number 8000573858 / 001 - 520136	
Address - Facility (Street, City, State, Zip Code) 2226 Eddy Ln Eau Claire WI 54703		Telephone Number 715-832-1414	Date - Regulation Visit 3/12/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: Several Intake for Children Under 2 forms were missing documentation of having been updated every three months to reflect changes in the child's development and routines based on discussion with the parent. Repeat violation: Previously cited on 1/11/2024, 6/14/2023	Intake forms for children under 2 will be completed every 3 months. A digital calendar will be used to give reminders for updating.	

NAME - Agency Worker
Jennifer Stubbe

Date Issued
3/24/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Leanne M. Rugem

Date Signed
4/3/25