

Date Correction Plan Due 11/17/2025	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 Children Of Faith Preschool		Provider Number / Facility ID Number 7000577887 / 001 - 1010886		
Address - Facility (Street, City, State, Zip Code) 545 Apollo Rd River Falls WI 54022		Telephone Number 715-425-6598	Date - Regulation Visit 10/30/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(g)1. Assistant Child Care Teacher - Supervision Description: Staff A, an assistant child care teacher was not working under the supervision of a child care teacher when she took 7 children outside to the playground alone.	<i>The daily routine was adjusted so that the group goes outside together (child care teacher + assistant child care teacher + children) starting the next date the assistant worked. Also had a staff meeting on 11/05/2025 to</i>	<i>11/04/2025</i>	
2	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: The parent authorization form for prescription medication must include start and end dates for the length of the authorization that do not exceed the time specified on the label of the medication. One child's written authorization for medication that was on the premises was missing start and end dates for the length of the authorization.	<i>Director and lead teacher discussed the missing dates on the form. Together the plan was made for the lead teacher to have a parent fill in the authorized dates in the spaces available on the form. The other</i>	<i>11/14/2025</i>	

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1	251.05(3)(g) 1	discuss correct staffing regarding keeping aware of the children around the room/outside and clearly communicating which staff is covering which area of the classroom or playground, with the understanding that the group should be together with the child care teacher as the supervising role.	11/04/2025	
2	251.07(6)(f) 1.a.	families using the form were also asked to fill in the authorized dates if missing.	11/14/2025	

NAME - Agency Worker

Wendy Badzinski

Date Issued

11/3/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

11/16/2025