DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	STATE OF WISCONSIN
8/5/2026		TO FILE A COMPLAINT CALL 262-446-7800

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
Ms Jennys Faith And Lrng Fundamentals Llc	6000591586 / 001 - 2006785
Address - Facility (Street, City, State, Zip Code) 24929 75Th St Salem WI 531689705	**Telephone Number** 262-308-5093
	Date - Regulation Visit 7/21/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8.a. **Child Record - Physical Exam - Under 2** Description: Child #2 did not have a current health report on file.	missing form in file now. Director will check all files every 3 months for [redacted] clients (except new clients that will be checked until all forms are in).	7/23/26	
2	251.05(4)(c)1. **Continuing Education Requirement - Full Time Staff** Description: Staff A and staff B did not have 15 hours of continuing education training on file. Confussed about what year. 2024 both had all hrs / 2025 both we're short 2026 - still working on.	director will check all staff files every 3 month (except new staff that will be checked until all forms are in).	7/23/26	

NAME - Agency Worker
Joel Marquez

Date Issued
7/22/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7/23/26