

<b>Date Correction Plan Due</b> 1/13/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Centennial Family Child Care		<b>Provider Number / Facility ID Number</b> 1000555911 / 001 - 530012		
<b>Address - Facility (Street, City, State, Zip Code)</b> N8129 975Th St River Falls WI 54022		<b>Telephone Number</b> 715-425-5478	<b>Date - Regulation Visit</b> 10/9/2025	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.04(6)(a)4.b. <b>Child Record - Physical Exam - Over 2, Under 5</b>  Description: Documentation of Child # 3 having received a health exam within the past two years was not available for review. The last documented exam was dated 04/26/23.  Repeat violation: Previously cited on 9/27/2024, 11/3/2023	<i>I need to ensure parent gets the completed form on time</i>	<i>as soon as possible actual form received 03/23/2026</i>	
2	250.04(6)(b) <b>Current, Accurate Daily Attendance Record</b>  Description: The attendance was not current and accurate when seven children were in care and they were not signed in on the attendance record. The provider immediately signed the children in upon realizing the oversight.	<i>I need to immediately enter the time of arrival and departure on the required state attendance form.</i>	<i>10/09/2025</i>	

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<b>Noncompliance Statement</b>			

**NAME - Agency Worker**  
April Callihan

**Date Issued**  
12/30/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**