

<b>Date Correction Plan Due</b> 2/20/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 608-422-6765
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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> Child Life Ministries		<b>Provider Number / Facility ID Number</b> 4000558034 / 001 - 120456												
<b>Address - Facility (Street, City, State, Zip Code)</b> 5529 Marsh Rd Mcfarland WI 535589690		<b>Telephone Number</b> 608-838-4425	<b>Date - Regulation Visit</b> 2/4/2025											
	<table border="1"> <thead> <tr> <th data-bbox="142 722 241 787"></th> <th data-bbox="241 722 982 787"> <b>Rule/Statute Number Noncompliance Statement</b> </th> </tr> </thead> <tbody> <tr> <td data-bbox="142 787 241 1092">1</td> <td data-bbox="241 787 982 1092">           251.06(2)(gm)  <b>Premises - Well Drained, Clean, In Good Repair</b>             Description: The indoor premises was not in good repair when in the school-age classroom portions of the stone window sill were loose and no longer attached to the wall. This was fixed immediately.         </td> </tr> </tbody> </table>		<b>Rule/Statute Number Noncompliance Statement</b>	1	251.06(2)(gm) <b>Premises - Well Drained, Clean, In Good Repair</b>  Description: The indoor premises was not in good repair when in the school-age classroom portions of the stone window sill were loose and no longer attached to the wall. This was fixed immediately.	<table border="1"> <thead> <tr> <th data-bbox="982 722 1543 787"> <b>Correction Plan</b> </th> </tr> </thead> <tbody> <tr> <td data-bbox="982 787 1543 1092"> <i>It was fixed immediately.</i> </td> </tr> </tbody> </table>	<b>Correction Plan</b>	<i>It was fixed immediately.</i>	<table border="1"> <thead> <tr> <th data-bbox="1543 722 1795 787"> <b>Expected Completion Date</b> </th> </tr> </thead> <tbody> <tr> <td data-bbox="1543 787 1795 1092"> <i>2/4/2025</i> </td> </tr> </tbody> </table>	<b>Expected Completion Date</b>	<i>2/4/2025</i>	<table border="1"> <thead> <tr> <th data-bbox="1795 722 2016 787"> <b>Verification Date</b> </th> </tr> </thead> <tbody> <tr> <td data-bbox="1795 787 2016 1092"></td> </tr> </tbody> </table>	<b>Verification Date</b>	
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**NAME - Agency Worker**  
Rebecca Brickson

**Date Issued**  
2/6/2025

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

*Sara Phelan*

**Date Signed**

*2/11/2025*