

NONCOMPLIANCE STATEMENT AND CORRECTION

Date Correction Plan Due TO FILE A COMPLAINT CALL 10/16/2025 715-361-7700

PLAN

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 St Lawrence Child Care

Provider Number / Facility ID Number 9000568399 / 002 - 1003174

Address - Facility (Street, City, State, Zip Code) 10Th Ave N Wisc Rapids WI 544952567	Telephone Number 715-422-0990	Date - Regulation Visit 10/1/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
251.04(2)(n) Background Check Request Form Description: A change in board president occurred on 07/01/25. As of 10/01/25 the department has not received the completed background check request form for the president.	The new board President completed the background check request form and fingerprints were sent in week of 10/6/25	10/7/25

Verification Date

NAME - Agency Worker Heather Struck
Date Issued 10/1/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee Date Signed DCF-F-CFS0294-E (R.06/2011) Page 2 of 2

 10/14/25