

Date Correction Plan Due 10/20/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
---	--	---

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 Rocking B Academy		Provider Number / Facility ID Number 8000590918 / 001 - 2006074		
Address - Facility (Street, City, State, Zip Code) 3020 S Schneider Ave SE Menomonie WI 547512997		Telephone Number 715-308-4208	Date - Regulation Visit 7/11/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(7)(a) Disclosure Of Personal Information Description: A staff person admitted to accidentally disclosing information about a child having a communicable disease to a parent of another child with the same communicable disease.	<i>Talked to staff member and had a training at our staff meeting with all the teachers</i>	<i>7/12/25</i>	
2	251.07(6)(f)1.b. Medication Administration - Containers & Labeling Description: A parent had brought medication that was not in the original container, to the center, to be administered to her child. Medication is required to be in the original container and labeled with child's name and the label includes the dosage and directions for administration.	<i>Talked with staff member about medication administration. We went over all the steps to ensure it never happens</i>	<i>7/12/25</i>	

again. We must follow medication instructions.

Name - Certified Operator / Licensed Center Rocking B Academy		Provider Number / Facility ID Number 8000590918 / 001 - 2006074	
Address - Facility (Street, City, State, Zip Code) 3020 S Schneider Ave SE Menomonie WI 547512997		Telephone Number 715-308-4208	Date - Regulation Visit 7/11/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.07(6)(f)5. Medication Administration - As Labeled & Authorized Description: According to a review of the medical log book, a dosage of medication was missed being provided at 2:45 P.M. on 05/19/25; or the administered medication was not recorded. All medication for a child in care shall be administered by the center as directed on the label and as authorized by the parent.	Went over how to know when we can accept medication and we to make sure we don't miss and administration times.	7/12/25

NAME - Agency Worker
April Callihan

Date Issued
10/6/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
10.7.25