DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 1/13/2026	**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)(l) 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	
Uwrf Summer Falcons		4000559624 / 058 - 2008208	
Address - Facility (Street, City, State, Zip Code) 375 Wild Rose Ave River Falls WI 54022	**Telephone Number** 715-425-0656	**Date - Regulation Visit** 8/18/2025	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: A physical examination report on a form provided by the Department that was completed not more than 12 months prior to nor more than 30 days after the person was hired was not available for Staff B. The report shall be signed and dated by a licensed physician, physician's assistant, or other HealthCheck provider. The report shall indicate that the person is free from illnesses detrimental to children, including tuberculosis, and that the person is physically able to work with young children.	Staff will obtain a Health Report	1/2/2026	

NAME - Agency Worker
April Callihan

Date Issued
12/30/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Krupta Meyer

Date Signed
1/2/2026

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dcf.wisconsin.gov

STAFF HEALTH REPORT – LICENSED CHILD CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 250.05(2)(d) and DCF 251.05(2)(a)3.a. of the Wisconsin Administrative Code. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The examining health professional will complete this form, sign Section B, and return the completed form to the individual for placement in the staff file.

A. STAFF INFORMATION FCC: provider, employee, substitute. GCC: persons who work directly with children except volunteers.

Name (Last, First, MI)	Position Title
Evans, Kayla A	Assistant Teacher.

B. PHYSICAL EXAMINATION

☒ Yes ☐ No I certify based upon my examination that this person appears free of symptoms of illness, including tuberculosis, or communicable disease that may be transmitted through normal contact.

☒ Yes ☐ No I certify based upon my examination that this person appears to be physically able to work with children.

NOTE: This individual will be in contact with children receiving child care services and may be responsible for the physical care and social development of young children during the hours child care is provided. Some lifting of young children may be required.

Comments:

SIGNATURE – MD, PA or other Health Check Provider	Name – Examining Health Professional (Type or Print)
Address – Health Professional Office (Street, City, State, Zip)	Date Signed (mm/dd/yyyy) 12/11/2025

DCF-F-CFS0054-E (R. 10/2019)

HUDSON PHYSICIANS
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