

Date Correction Plan Due 3/19/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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.

Name - Certified Operator / Licensed Center Zion Lutheran Early Childhood Ctr		Provider Number / Facility ID Number 6000561096 / 001 - 520437		
Address - Facility (Street, City, State, Zip Code) 301 N 2Nd St Colby WI 54421		Telephone Number 715-316-0750	Date - Regulation Visit 2/25/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff C's Staff Health Report form was incomplete. The report only has the TB results and was missing the health information that specify whether or not the individual is physically able to work with young children.	<i>Staff C will take a copy of the clinics report on file and a copy of our Staff Health Report Form for the Physician to complete.</i>	4-30-25	
2	251.05(2)(a)4.a. Staff Record - Registry Certificate Description: Staff C is working as a child care teacher and the staff's date of employment was 11-28-2023. The center did not have on file a Registry Certificate for Staff C.	<i>Staff C has submitted a copy of their Registry Certificate and it is in the employees file.</i>	3-13-25	

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3	251.05(2)(a)7. Staff Record - Continuing Education Description: Center did not have documentation of compliance with continuing education requirements for Staff C.	Staff C has submitted a copy of college transcripts for (elementary ed.) continuing education.	3-13-25
			Verification Date

NAME - Agency Worker
Sou Yang

Date Issued
3/5/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Lynn Kammeberg

3-13-25