DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 9/20/2024	**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		**Provider Number / Facility ID Number**	
Jacob's Ladder Preschool And Cc		9000578839 / 001 - 520196	
Address - Facility (Street, City, State, Zip Code) 202 S Second St River Falls WI 54022		**Telephone Number** 715-629-5427	**Date - Regulation Visit** 6/18/2024

	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 was missing a physical examination report on a form provided by the Department, completed 12 months prior or within 30 days after beginning work at the center, indicating the person is free from illness detrimental to children, including tuberculosis, and physically able to work with young children. The report on file only indicated the person was free from tuberculosis. Repeat violation: Previously cited on 10/23/2023	-Staff C has brought verification of physical exam and is on file. -Future ensure all forms are collected on time for new employees.	Complete	

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2	251.05(2)(a)4.a. **Staff Record - Registry Certificate** Description: Staff C is missing a certificate from the Wisconsin Registry documenting that the person has met the educational qualifications of a teacher and has worked at the center for more than six months as a teacher.	Staff C has contacted The Registry for updated certificate. Future remind staff to turn in/update Registry forms/certificates.	ASAP	

NAME - Agency Worker
April Callihan

Date Issued
9/6/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Amy Nelson

Date Signed
9/9/24