

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**TO FILE A COMPLAINT CALL**  
608-422-6765

**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.

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| <b>Name - Certified Operator / Licensed Center</b><br>Children's Day Center And Preschool                                                                                                                                                                  |                                                                                          | <b>Provider Number / Facility ID Number</b><br>4000556684 / 001 - 120079 |         |
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>525 Madison Ave Baraboo WI 53913                                                                                                                                                              |                                                                                          | <b>Telephone Number</b><br>608-356-4116                                  |         |
| <b>Rule/Statute Number</b><br>Noncompliance Statement                                                                                                                                                                                                      |                                                                                          | <b>Correction Plan</b>                                                   |         |
| 1<br>251.05(2)(a)3.a.<br><b>Staff Record - Physical Examination</b><br><br>Description: Staff A and Staff B, who have been employed longer than 30 days, are missing a physical examination report.<br><br>Repeat violation: Previously cited on 11/1/2023 | Both are setting up appointments. Making better checklist to double check it is received |                                                                          | 9/2/25  |
| 2<br>251.05(4)(a)<br><b>Staff Orientation - Develop, Implement, Document</b><br><br>Description: Staff B is missing documentation of having completed an orientation during their first week at the center.                                                | Completed new one. Implemented a new filing system.                                      |                                                                          | 8/27/25 |

**NAME - Agency Worker**  
Amy Anderson

Date Issued  
8/26/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

Date Signed

*Jessica Jensen*

8/27/25