

Date Correction Plan Due 10/24/2019	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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 Noah's Ark Christian Preschool		Provider Number / Facility ID Number 7000577937 / 001 - 520390		
Address - Facility (Street, City, State, Zip Code) 1105 Butts Ave Tomah WI 54660		Telephone Number 608-372-4543	Date - Regulation Visit 10/7/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. <b>Child Record - Enrollment Information</b>  Description: Five children's records were reviewed. Three children's enrollment forms were missing first day of attendance, and  Repeat violation: Previously cited on 11/1/2017	Files for children completed.  Implemented Use of Form DCF-F-CFS1675-E (10/2019) for monthly monitoring of child records	10/23/19	
2	251.04(6)(a)2. <b>Child Record - Emergency Medical Consent</b>  Description: Two children's records were missing permission for emergency medical care.	Files for children completed.  Implemented Use of Form DCF-F-CFS1675-E (10/2019) for monthly monitoring of child records	10/23/19	



Name - Certified Operator / Licensed Center Noah's Ark Christian Preschool		Provider Number / Facility ID Number 7000577937 / 001 - 520390	
Address - Facility (Street, City, State, Zip Code) 1105 Butts Ave Tomah WI 54660		Telephone Number 608-372-4543	Date - Regulation Visit 10/7/2019
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	251.04(6)(a)6. Child Record - Health History  Description: One child's record did not contain a completed health history form.  Repeat violation: Previously cited on 11/1/2017	Files for children completed Implemented Use of Form DCF-F-CFS1675-E (10/2019) for monthly monitoring of child records	10/23/19
4	251.07(5)(a)5.a. Menus - Post  Description: Some children in the center eat lunch that is provided by Tomah School District. There was no menu posted or available from the district.	Menu posted. Director to verify updated menu posted before start of shift on Monday mornings.	10/23/19

NAME - Certification Worker / Licensing Specialist  
Rita Miller

Date Issued  
10/10/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Rev. Krupta L Deedo*

10/23/19