Date Correction Plan Due 6/15/2022

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 715-361-7700

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	C C C C C C C C C C C C C C C C C C C	Provider Number / Facility ID Number			
rine Oaks Kids	3	5000583985 / 001 - 1013417			
ddress - Facility (Street, City, State, Zlp Code) 501 Pine Oaks Ct Stevens Point WI 544829103	Telephone Number 715-544-4183	Date - Regulation Visit 5/27/2022			
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Verification Completion Date Date			
250.04(6)(a)1. Child Record - Enrollment & Health History Forms Description: Enrollment and health history forms were not on Child 2.	Child 2 has all f 9/20/27	Forms 9/20/27			
250.055(2)(b) Maximum Number Of Children In Care Of The Provider Description: The provider was caring for three children under two and five children over the age of two. A second provider few minutes after the visit began.		1 9 120100			

Name - Certified Operator / Licensed Center Pine Oaks Kids Address - Facility (Street, City, Stats, Zip Code) 1501 Pine Oaks Ct Stevens Point Wi 544829103		· Provi	Provider Number / Facility ID Number		
		5000583985 / 001 - 1013417			
		Telephone Number 715-544-4183	Date - Regulation Visit 5/27/2022		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
3	250.08(3)(b) Emergency Plans - Practice Description: Tornado and fire drills had not been documented since 2021. Repeat violation: Previously cited on 6/1/2021	Emergency plans/ Practice Will be Up to date Moving forward.	9/20/22		

NAME - Agency Worker
Dezarae Wierzba

SIGNATURE - Agency Worker

Date issued
6/1/2022

Date Signed

DCF-F-CFS0294-E (R.06/2011)