Date Correction Plan Due 9/28/2021

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.

Nar	ne - Certified Operator / Licensed Center	der Number / Facility ID Number 556003 / 001 - 520093		
a	Crosse Toddle Inn Day Care			
Address - Facility (Street, City, State, Zip Code) W2637 State Road 33		Telephone Number 608-788-5650	Date - Regulation Visit 9/9/2021	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
	251.05(2)(a)3.a. Staff Record - Physical Examination Description: A staff person hired 3/10/20 did not have documentation that she was free from TB on file within 30 days of hire. Repeat violation: Previously cited on 2/8/2021	When staff person finally was able to get an appointment, the doctor signed off because he said he saw no sign of TB and test wasn't necessary. She has made an appointment to get a TB test to correct this.	9-20-24	
	251.06(11)(b)5. Outdoor Play Space - Energy-Absorbing Surfaces Description: There is not 9 inches of energy absorbing surface under the swings.	The edging holding the wood chips is 13 inches deep. It is all wood chips inside the edging, but its is down 4 inches. Next summer I will get additional wood chips to maximize the absorbing surface.	6-15-22	

	ne - Certified Operator / Licensed Center		Provider Number / Facility ID Number			
La Crosse Toddle Inn Day Care Address - Facility (Street, City, State, Zip Code) W2637 State Road 33 La Crosse WI 54601		Telephone Number 608-788-5650	556003 / 001 - 520093 Date - Regulation Visit 9/9/2021			
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date		
3	251.07(4)(b) Naps Or Rest Periods - Awake Children Description: Children are not being allowed to get off their sleeping bags and do a quiet activity as they wake up or after they have rested for 30 minutes if they do not sleep.	The children will be allowed to get up and go into the small room for quiet activities. Linda and Trisha will be monitoring this.	9-10-21			
4	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: There was no documentation of a 6 month review of injuries in the center medical logbook.	Linda will mark her calendar so she remembers to check the log book.	9-15-21			
5	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Staff were not able to find a parent authorization for a infant pain reliever that had been given to a child multiple times between 8-16 and 8/23/2021.	Showed the staff that the authorization was inside the cupboard door. Went over procedures again.	9-13-21			

NAME -	Certification	Worker /	Licensing	Specialist

Rita Miller

Date Issued 9/14/2021

SIGNATURE - Certified Operator or Designee Toensee or Designee

Date Signed 9-16-21