**Date Correction Plan Due** 10/3/2022

## 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.

			er Number / Facility ID Number 56003 / 001 - 520093	
	Facility (Street, City, State, Zip Code)  ate Road 33 La Crosse WI 54601  Telephone Number  608-788-5650  Date - Regulation 9/14/2022		Visit	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
	251.04(6)(a)8.a.  Child Record - Physical Exam - Under 2  Description: Four children records were reviewed. One child under two needed an updated health exam as the one on file was dated 1/19/22. Health exams for children under two must be updated at least once every 6 months.	Gave new Health Form to parent to be completed.	12-1-22	
	251.05(2)(a)5.  Staff Record - High School Diploma  Description: Several staff files were reviewed. Three staff in teacher positions did not have documentation of completion of high school on file.	Staff will provide copies of diploma.	10-1-22	

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e - Certified Operator / Licensed Center	Provider Number / Facility ID Number 3000556003 / 001 - 520093		
Crosse Toddle Inn Day Care			
ress - Facility (Street, City, State, Zip Code) 637 State Road 33 La Crosse WI 54601	Telephone Number 608-788-5650	Date - Regulation Visit 9/14/2022	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
251.06(3)(b)2.  Emergencies - Practice Written Plans  Description: Monthly fire drills for 2022 were only documented Jan-March. There was no tornado drill documented for august 2022.	We will make sure we put the dates in both months of review sheet.	10-1-22	
	Crosse Toddle Inn Day Care  ress - Facility (Street, City, State, Zip Code) 637 State Road 33	Crosse Toddle Inn Day Care  ress - Facility (Street, City, State, Zip Code)  Telephone Number 608-788-5650  Rule/Statute Number Noncompliance Statement  251.06(3)(b)2. Emergencies - Practice Written Plans  Description: Monthly fire drills for 2022 were only documented  3000  Telephone Number 608-788-5650  Correction Plan  We will make sure we put the dates in both months of review sheet.	Crosse Toddle Inn Day Care  3000556003 / 001 - 520093  ress - Facility (Street, City, State, Zip Code)  Facility (Street, City, State, Zip Code)  Telephone Number 608-788-5650  Rule/Statute Number Noncompliance Statement  Correction Plan  Expected Completion Date  251.06(3)(b)2.  Emergencies - Practice Written Plans Description: Monthly fire drills for 2022 were only documented  We will make sure we put the dates in both months of review sheet.

NAME - Agency Worker Rita Miller

Date Issued 9/19/2022

SIGNATURE - Agency Worker

Date Signed

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