

Date Correction Plan Due 6/20/2019	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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 Amherst's Own Child Care Inc		Provider Number / Facility ID Number 0000559620 / 001 - 620176		
Address - Facility (Street, City, State, Zip Code) 235 Lincoln St Amherst WI 544069107		Telephone Number 715-824-5090	Date - Regulation Visit 5/24/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(5)(a)1. Staff File - Staff Record Information Description: Staff B did not have a staff record form on file.	This Person is no longer a sub for us. Only a 5 minute away emergency person	June 7th 2019	
2	251.04(5)(a)4. Staff File - Physical Examination Report Description: Documentation of a health examination for Staff E was not on the Department form.	The teacher is taking the health sheet back to them and having them fill it out on the Department form	June 20 2019	



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3	251.05(2)(a) Staff Orientation - Develop, Implement, Document Description: Documentation of orientation was not in the file for Staff B.	This person is no longer a sub for us. Only a 5 minute away emergency person	June 5, 2019
4	251.06(5)(b)1. Deteriorating Paint Description: Several areas of the center including trim, windows, and walls had flaking or peeling paint.	The touch ups will be done by July and redoing the paint on walls by August	July 2019 - touch ups August 2019 walls
5	251.07(6)(i)2. Adult Handwashing Description: Staff B wiped a child's nose with Kleenex and did not wash her hands immediately after.	We made a policy and had everyone sign off on it. Also went over DCF Regulation regarding sanitation & hygiene.	June 10th 2019

I will monitor that everyone is cleaning hands after wiping noses and faces

NAME - Certification Worker / Licensing Specialist
Dezarae Wierzb

Date Issued
6/6/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

 - Director

Date Signed
June 7th 2019