Date Correction Plan Due 12/24/2020

## 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.

Na	me - Certified Operator / Licensed Center	Provid	Provider Number / Facility ID Number 3000559793 / 001 - 620024		
Tri	nity Learning Ctr And Preschool	30005			
Address - Facility (Street, City, State, Zip Code)  1410 Rogers St Stevens Point WI 544813048		Telephone Number 715-344-2227	Date - Regulation Visit 12/4/2020		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1	251.04(3)(jm) Report - Prohibited Actions  Description: It was determined through an investigation visit on 12/04/2020, the Director was made aware of allegations of Prohibited Actions by a staff person and did not report the incidents to the Department.	All allegations will Be reported to State as soon as the are Reported.	12/10/20		
2	251.07(2)(e)5.  Prohibited Actions - Cruel, Aversive, Frightening, Humiliating Actions  Description: Based on staff statements, it was determined Staff A regularly raises her voice with children, resulting in children referring to Staff A as being mean. It was also noted Staff A has been observed roughly grabbing children.	All Staff will be talked with about the importance of positive Reimforcement and using strategies that will impact children in a positive manner. Sectiville allandos ter belo when relded.	19110130		

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	Telephone Number 715-344-2227	715-344-2227 12/4/2020  Correction Plan Expected		

Dezarae Wierzba

12/10/2020

SIGNATURE - Certified Operator or Designee / Licensee or Designee

NKUNDU

Date Signed

19/10/9030