

Date Correction Plan Due 5/9/2024	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.

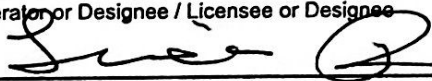
Name - Certified Operator / Licensed Center First Steps Early Learning Center		Provider Number / Facility ID Number 9000587609 / 001 - 2001078		
Address - Facility (Street, City, State, Zip Code) 915 Lincoln St Rhinelander WI 545013545		Telephone Number 715-901-1282	Date - Regulation Visit 4/25/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A, B, C, D, E and F did not have on file completed CPR training from an approved provider.	All staff will complete CPR - from updated list by June 15th.	6-15-24	
2	251.05(4)(c)9. Continuing Education - Documentation Of 12 Month Period Description: Staff D only completed 8 hours of continuation for 2023 and was required to complete 15 hours.	Staff D is completing required continuing ed and staff will get 25 hours this year.	6-15-24	

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3	251.055(2)(a) Group Size - Maximum Description: There were 9 children present in the infant and toddler room when a maximum group size for that age group is 8 children.	Staff will use ratio sheet to make sure ratios are correct.	5-14-25
4	251.09(2)(h) Infant & Toddler - Safe Toys & Objects Description: An infant bit and made a hole in a zip lock bag that had powder in it and the powder went into the infant's mouth.	All sensory bags were removed from Infant room. All sensory powders are completely edible.	5-14-25

NAME - Agency Worker
Bonnie Davis

Date Issued
4/25/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

5-9-24