Date C	Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
2/19/2	2024	PLAN	920-785-7811
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Use of Form: This form is used by certification / licensing staff to identify statute and / or edministrative rule violation(s) and to cutline 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 261.04(2)(L) and (3)(f). DCF 262.41(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 Ptan" 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.

Nam	a - Certified Operator / Licensed Center	Provi	der Number / Facility ID Nu	mber		
Bloom And Grow Preschool Lic 60008				590156 / 001 - 2005132		
Address - Facility (Street, City, State, Zip Code) 200 Church St Neenah WI 549582540		Telephone Number 920-205-2368	Date - Regulation Visit 1/25/2024			
	Rule/Statute Number Noncompilance Statement	Correction Plan	Expected Completion Date	Verification Date		
1	251.05(3)(b) Abusive Head Trauma Prevention Training Description: Volunteer files failed to have documentation of AHT training as required.	Emailed link to Volunteers	March15, 2024			
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Volunteer files failed to have documentation of CPR training as required.	Volunteers have been given dates + times of CPRtrainings	June1 2024			

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FEB 15 2024

DEPT OF CHILDREN & FAMILIES NORTHEASTERN REGION

Nam	e - Certified Operator / Licensed Center	Provi	der Number / Facility ID Nur	mber
Bloom And Grow Preschool Lic 600059				
Address - Facility (Street, City, State, Zip Code) 200 Church St Neenah WI 548582540		Telephone Number 920-205-2398		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(cm) Child Abuse & Neglect - Blennial Training Description: Volunteer files failed to have documentation of CAN training as required.	Emailed link to Volunteers	March 15, 2024	
4	251.05(3)(j)1. Volunteers, Student Teachers - Orientation Description: Volunteer files failed to have documentation of orientation as required.	Printed and have completed with volunteers	Feb. 13 2024	
5	251.05(3)(j)4. Volunteer Counted in Ratio - Schedule Of Hours Description: Documentation of Volunteers hours when counted in ratio failed to available.	Names added to attendance	Feb. 6 2024	

NAME - Agency Worker Ruth Sprangers Sherry Smith	Date Issued 2/5/2024	2/12/2	024
SIGNATURE - Ceftified Operator or Designee / Licensee or Designee	Date Signed	77	