Date Correction Plan Due

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

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 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 notice of the sanction and / or penalty for facts arising from this finding or a future finding, you will be given a

Name - Certified Operator / Licensed Center	Provider Number / Facility ID Number		nber
Little Scholars Cc And Preschool	5000571415 / 002 - 1012175		
Address - Facility (Street, City, State, Zip Code) 3301 John Joanis Dr Stevens Point WI 544828858	Telephone Number 715-344-0205	Date - Regulation Visit 11/11/2021	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification
251.07(6)(dm)4. Medical Log - Reviewing Injury Records	The Director has now recrewed all the classrooms by books and will ensure future check	L , 1	Date
Description: Medical logs had not been reviewed since 04/01/2021.	are done on times by settine reminders in her galender The Owner will falso Set be remined to double check the		
	books so it will become be team responsibility.	<u> </u>	· · · · · · · · · · · · · · · · · · ·

NAME - Certification Worker / Licensing Specialist Dezarae Wierzba

Date Issued 11/12/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed/

DCF-F-CFS0294-E (R.06/2011)