

Date Correction Plan Due 1/30/2025	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		Provider Number / Facility ID Number		
Grace Lutheran Child Care Center		9000566039 / 002 - 1001552		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
11266 State Highway 10 W Marshfield WI 54449		715-676-2213	1/6/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(4)(a)2. Parent Notification Description: Per review of medical logbook, staff did not notify parents when a child experienced a head injury in the One's classroom. The entry indicated "no parent contact needed."	All staff had a one-on-one "log book" review + know to call parents for <u>all</u> head injuries. This will not happen again	January 9th 2025	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A and Staff B did not have documentation of current CPR with the use of AED training.	The director has proof + will file documents in a timely manner	January 17 2025	

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3	<p>251.06(3)(b)1. Emergencies - Routes And Shelter Areas Posted</p> <p>Description: Center did not have the fire evacuation routes and tornado shelter areas posted during the monitoring visit.</p>	<p>new routes + plans have been made + posted in each classroom.</p>	<p>January 17 2025</p>	
4	<p>251.06(3)(b)2. Emergencies - Practice Written Plans</p> <p>Description: Center did not have documentation of tornado drill practice for April through October 2024. Center did not have documentation of monthly fire evacuation practice for July through December 2024.</p> <p>Repeat violation: Previously cited on 6/6/2024</p>	<p>The director has set a date each month to practice these drills + record them.</p>	<p>January 17 2025</p>	
5	<p>251.06(3)(b)3. Emergencies - Staff Responsibilities</p> <p>Description: Per interviews with staff, staff did not know evacuation routes or their duties if there is an emergency.</p>	<p>All staffed reviewed evacuation routes + procedures at the Jan 27th staff mtg.</p>	<p>January 27 2025</p>	
6	<p>251.06(4)(jm)2. Fire Alarms & Smoke Detectors - Testing</p> <p>Description: Center did not have documentation that the fire detectors and alarms had been tested for July through December 2024.</p>	<p>The director will set a specific day each month to get this done + checked off.</p>	<p>January 10 2025</p>	

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1/6/2025

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

NAME - Agency Worker
Tiisha Harrell

Date Issued
1/16/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Heather Stichert

02/13/2025