

Date Correction Plan Due 11/11/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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 Altoona Family Child Care Ctr Llc		Provider Number / Facility ID Number 0000584720 / 002 - 1014543		
Address - Facility (Street, City, State, Zip Code) 819 S Hillcrest Pkwy Altoona WI 54720		Telephone Number 715-552-5437	Date - Regulation Visit 10/28/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(g)2. Assistant Child Care Teacher - Qualifications Description: Staff A has worked as an assistant teacher for more than six months and there is not documentation of the staff person meeting the educational qualifications of an assistant teacher. Staff B was proving sole supervision to a group of four child for a brief period of time, and there is not documentation of the staff person meeting the educational qualifications of an assistant teacher.	Staff will work to get correct education with in the correct time frame.	11/11 24	

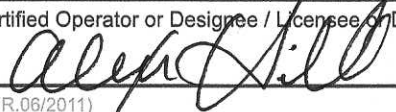
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2	251.055(1)(c) Supervision - Opening & Closing Hours Description: Staff B, who has not completed the training required for an assistant child care teacher to provide sole supervision to a group of children at designated times, was observed providing sole supervision to four children for a brief period of time while she brought the children indoors to change their diapers.	Staff without proper education will not provide sole care to children	10/29/24	
3	251.07(6)(i)1. Washing Child's Hands & Face Description: A child's hands were not washed after her diaper was changed.	hands will be washed before + after each child's diaper change	10/29/24	
4	251.09(1)(e) Infant & Toddler - Provider Training Description: Staff A was missing documentation of having completed a minimum of 10 hours of training in infant and toddler care approved by the Department within 6 months after beginning to provide care and supervision for children under 2 years of age.	staff member will get their training for infant + tod within time frame	11/1/24	

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5	251.09(4)(a)3. Infant & Toddler - Diaper Changing Surface Disinfection Description: The staff person did not use a two-step process to clean the diaper changing table after diapering a child, with first soap and water and then a disinfectant solution; instead, she only used a disinfectant.	The changing tables will be washed properly between each diaper change	10/29/24
			Verification Date

NAME - Agency Worker
April Callihan, Wendy Badzinski

Date Issued
10/28/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
10/29/24