

Date Correction Plan Due 12/3/2019	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 Grace Luth Found Sacc Altoona		Provider Number / Facility ID Number 3000556383 / 005 - 2002993		
Address - Facility (Street, City, State, Zip Code) 157 Bartlett Ave Altoona WI 547202361		Telephone Number 715-832-3003	Date - Regulation Visit 11/13/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(8)(b) Biennial Training - Child Abuse & Neglect Description: On 11/13/19, a current certificate of completion of the biennial training in child abuse & neglect laws, identification, and reporting procedures within the past 24 months was not observed for employee D and K.	Steps for this rule will include the training be mandatory 24 hrs. within the 1st day of location employment. Staff training updates will be electronically stored on Director/Assistant "Staff" outlook Calendars	Staff "K" will complete by 12/1/19 Staff "D" will complete by 12/5/19	
2	251.05(2)(a)1. Staff Record - Personal Information Description: On 11/13/19, personal information on employee G was not observed on file.	Staff will fully complete their "Staff Record form" at orientation upon 1st week of employment	Staff "G" will complete by 12/5/19	

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3	251.05(2)(a)3.a. Staff Record - Physical Examination Description: On 11/13/19, employee B, G and L are missing a health examination report on a form provided by the Department, completed 12 months prior or within 30 days after beginning work at the center, indicating the person is free from illness detrimental to children including tuberculosis.	To ensure this rule is met in future all staff must complete their Physical Exam within 30 days of location employment or proof of a physical completed 12 months prior to employment or not return to work w/o doing so.	Staff "B" will complete By: 12/5/19 Staff "G" will complete By: 12/11/19 Staff "L" will complete By: 12/16/19
4	251.05(4)(a) Staff Orientation - Develop, Implement, Document Description: On 11/13/19, documentation of having completed an orientation within the first week of working at the center was not observed on file for employee B, C and G. Repeat violation: Previously cited on 3/8/2018	During Staff Orientation both staff and Director/Assistant will initial each section as it is done over. Staff will have the opportunity to ask questions about the policy. All questions will be answered in a clear and understanding manner. Staff then will sign the checklist in front of the Director/Assistant.	Staff "B" will recognize Sign By: 12/7/19 Staff "C" will recognize Sign by: 11/21/19 Staff "G" will recognize by: 12/7/19

NAME - Certification Worker / Licensing Specialist

Sarah Yang

Date Issued

11/19/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

12/2/19