

Date Correction Plan Due 10/23/2024	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)(l) 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 Rachel's Place Early Learning Ctr		Provider Number / Facility ID Number 8000573858 / 001 - 520136	
Address - Facility (Street, City, State, Zip Code) 2226 Eddy Ln Eau Claire WI 54703		Telephone Number 715-832-1414	Date - Regulation Visit 10/8/2024
	<p style="font-size: 1.2em; margin: 0;">Received State of Wisconsin</p> <p style="font-size: 1.5em; margin: 0;">OCT 24 2024</p> <p style="font-size: 1.2em; margin: 0;">DCF DECE BECH WRO</p>	Correction Plan	Expected Completion Date
	Rule/Statute Number Noncompliance Statement		Verification Date
1	<p>251.05(2)(a)3.a. Staff Record - Physical Examination</p> <p>Description: The files for Staff A, D, E and F did not contain documentation of a physical examination report completed within 12 months before or within 30 days after beginning work with children in care, indicating the person is free from illness detrimental to children, including tuberculosis, and physically able to work with young children.</p> <p>Repeat violation: Previously cited on 1/11/2024, 6/14/2023</p>	<p>Staff will get a physical and have the STAFF HEALTH REPORT form completed and signed by a physician within 30 days of beginning employment.</p>	11/15/24

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2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff B and C were missing documentation of having obtained a certificate of completion for infant and child cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use from an agency approved by the Department within 3 months of employment. Repeat violation: Previously cited on 1/11/2024, 6/14/2023	Staff will complete on-line CPR course approved by DCF within 3 months of employment.	11/15/24	
3	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff B and C were missing documentation of having received training within the past two years on child abuse and neglect laws, identification, and reporting. Repeat violation: Previously cited on 1/11/2024, 6/14/2023	Staff will complete on-line Child Abuse & Neglect training approved by DCF on their 1st day of orientation.	11/15/24	
4	251.05(4)(a) Staff Orientation - Develop, Implement, Document Description: Staff B and C were missing documentation of having received a complete orientation within their first week at the center. Repeat violation: Previously cited on 1/11/2024, 6/14/2023	Staff will meet with the director to complete the newly redesigned staff orientation forms.	11/15/24	

NAME - Agency Worker
Jennifer Stubbe, Wendy Badzinski

Date Issued
10/9/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Leanne M OBuyan

Date Signed
10/23/24