Date Correction Plan Due 9/26/2022

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 715-930-1148

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		
Abu	ndant Life Christian Learn Ctr	90005	9000555919 / 002 - 1011750		
Address - Facility (Street, City, State, Zip Code) 896 State Road 65 River Falls WI 54022		Telephone Number 715-425-6166	Date - Regulation Visit 8/29/2022		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1	251.06(10)(dm)2. Potty Chairs - Disinfected Description: A potty chair in the 3 year old classroom had urine in it. The potty chair receptacle did not get emptied, rinsed and disinfected immediately after use.	Staff will immediately disinfect after clack use.	9/13/22		
2	251.06(2)(b) Electrical Or Hot Surface Protection Description: The electrical outlet in the 3 year old classroom did not have a protective cover or guard.	Staff will criplace outlet. Cours immediate when they green oved	9/13/22		

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1	ute Number nce Statement	Correction Plan	Expected Completion Date	Verification Date		
Description: The garb	- Construction & Disposal Schedule age container in the 2 year old classroom had container did not have a cover to cover it.	May will notify most if the come is broken est will be triplaced	9/13/22			
·	off - Clothing, Hair Restraints I staff was preparing meals and was not wearing aint.	Wear hair nets While preparing	9/13/22			

NAME - Agency Worker Sou Yang Date Issued 9/12/2022

SIGNATURE - Agency Worker

Date Signed

9-13-22