

Date Correction Plan Due 4/21/2022	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 Prairie Valley Child Care		Provider Number / Facility ID Number 2000580942 / 001 - 1010396		
Address - Facility (Street, City, State, Zip Code) 923 Development Dr Lodi WI 53555		Telephone Number 608-592-2273	Date - Regulation Visit 4/7/2022	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: A physical examination report was not completed within thirty days of hire when Staff A did not have the form available for review.	<ul style="list-style-type: none"> • Staff member was given Staff Health Report Form. • Staff member has recently been to the doctor so will have the form completed asap. 	Monday, April 11, 2022	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Employees with regular contact with children did not maintain CPR/AED certification when the certification for Staff B expired in August of 2021.	<ul style="list-style-type: none"> • Staff member will complete online course asap. 	Friday, April 8, 2022	

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NAME - Certification Worker / Licensing Specialist
Amanda St. Martin

Date Issued
4/7/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Terry B. Myers

Date Signed
4/20/22