Provider Number / Facility ID Number

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
6/19/2024		715-361-7700

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
Pine Oaks Kids Ii		1000590761 / 001 - 2005906
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
1509 Pine Oaks Ct Stevens Point WI 544829103	715-252-6940	5/17/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(3)(a) **Report - Incident Or Accident** Description: On 04/18/24 a child in care had an accident that resulted in a professional medical evaluation. The accident was not reported to the Department within 24 hours of the occurrence.	Contact department when an accident results in medical evaluation.	6/19/24	
2	250.04(6)(a) **Child Record - Maintenance, Availability** Description: Child 9 did not have a record on file.	Child 9 is on file.	6/19/24	

DCF-F-CFS0294-E (R.06/2011)

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3	250.04(6)(a)1. **Child Record - Enrollment Information** Description: Child 9 did not have enrollment information on file.	Child 9 is now on file.	6/19/24	
4	250.04(6)(a)1m. **Child Record - Health History** Description: Child 7 and 9 did not have health history and emergency care plan information on file.	have mom send in health history for child 7. child 9 is on file.	6/19/24	
5	250.04(6)(a)4.a. **Child Record - Physical Exam - Under 2** Description: Child 7 did not have a child health report on file.	have mom send in full	6/19/24	
6	250.04(6)(a)4.b. **Child Record - Physical Exam - Over 2, Under 5** Description: Child 1 and 9 did not have a child health report on file.	9 is on file ~~[illegible]~~ mom is contacting Dr. to get forms.	6/19/24	

Operator / Licensed Center
Pine Oaks Kids Ii

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7	250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: Child 1, 7, and 9 did not have record of immunizations on file.	9 is on file 1- mom is contacting Dr. to get forms.	6/19/24	
8	250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: Documentation of Child Abuse and Neglect training was not on file for Staff A.	Document training	6/19/24	
9	250.05(4)(c)4. **Continuing Education - Documentation Of 12 Month Period** Description: Staff A did not complete the continuing education requirements for 2023.	Document training	6/19/24	

NAME - Agency Worker
Heather Struck

Date Issued
6/4/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Christine Kamer

Date Signed
6/18/24