

Date Correction Plan Due 12/30/2022	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 Little Newtons		Provider Number / Facility ID Number 2000591072 / 002 - 2006280		
Address - Facility (Street, City, State, Zip Code) 425 Technology Dr E Menomonie WI 547512300		Telephone Number 715-233-2035	Date - Regulation Visit 12/7/2022	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: On 12/7/22, a current health report was not observe on file for child #5 and 7.	We have requested a current health form from families for child #5 & #7	1-1-23	
2	251.05(2)(a)2. Staff Record - Completed Background Check Description: On 12/7/22, Documentation of a completed child care background check was not observed for employee A, B, and C.	Employee A - Background complete & filed Employee B - Background complete & filed Employee C - no longer here	1-1-23	

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3	251.05(2)(a)3.a. Staff Record - Physical Examination Description: On 12/7/22, a physical examination to be reported on a form provided by the Department, completed 12 months prior or within 30 days after beginning work at the center was not observed on file for employee B, indicating they are free from illness detrimental to children including tuberculosis and physically able to work with young children.	Health report will be complete before returning to work	1-1-23
4	251.05(3)(b) Shaken Baby Syndrome Prevention Training Description: On 12/7/22, , Documentation of completion of Abusive Head Trauma Prevention training was not observed On file for employee A and B.	Employee A - complete & filed Employee B - will complete before returning to work	1-1-23
5	251.07(3)(a)2. Indoor Equipment - Construction, Condition Description: On 12/7/22, there is a big rip on a mat under a slide in the school age room/gym creating a potential injury hazard to the children.	new mat has been ordered,	1-1-23

NAME - Agency Worker
Sarah Yang

Date Issued
12/16/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

1-1-23