



**HOMETOWN CHILDREN'S CENTER
INC**

709 Northpoint Drive
Stevens Point, Wisconsin 54481

phone 715-344-4819
FAX 715-345-0342

email: melanie@hometownchildrenscenter.com

FAX COVER SHEET

DATE: 12/23/25

TO: Heather Struck

FAX # 1-608-432-7163

FROM Melanie Schmitz

Contents:

Non-compliance report

Number of Pages:

5 w/ cover

Additional Comments:

Date Correction Plan Due
12/26/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
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)(f) 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. 48.857. 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 Hometown Children's Center Inc		Provider Number / Facility ID Number 6000567926 / 001 - 1002057	
Address - Facility (Street, City, State, Zip Code) 709 Northpoint Dr Stevens Point WI 544811083		Telephone Number 715-344-4319	Date - Regulation Visit 12/5/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1</p> <p>251.04(2)(L)1.b. Department Notices Posted</p> <p>Description: The Warning Letter of Noncompliance issued on 10/16/24 was not posted next to the child care license.</p>	<p><i>I don't have a copy of this I can't find it.</i></p>	<p><i>12/23/25</i></p>	
<p>2</p> <p>251.04(4)(a)2.c. Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication</p> <p>Description: Per staff interview, parents are notified of head injuries at pick up and are not immediately notified when an injury occurs.</p>	<p><i>staff is aware that parents are to be notified of any head injuries as they occur, Discussed at staff mtg 12/9/25</i></p>	<p><i>12/9/25</i></p>	

00002/0005
HOMETOWN CHILDRENSCENTER
12/23/2025 3:30PM FAX 7153450342

00003/00005
 HOMETOWN CHILDRENSCENTER
 12/23/2025 3:31PM FAX 7153450342

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Hometown Children's Center Inc		6000567926 / 001 - 1002057		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
709 Northpoint Dr Stevens Point WI 544811083		715-344-4319	12/5/2025	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 ✓ Description: Child 1 and 2 did not have record of a health report within the last two years. Repeat violation: Previously cited on 10/4/2024	Child 1 - I sent form home w/ them on 12/19/25 Child 2 - form received on 12/28/25.	12/29/25	
4	251.05(2)(a)1. Staff Record - Personal Information ✓ Description: Staff B and D did not have record of personal information on file.	They were given the forms to fill out.	12/29/25	
5	251.05(2)(a)3.a. Staff Record - Physical Examination ✓ Description: Staff B and D did not have record of a health report on file.	They were given the forms to fill out.	12/29/25	
6	251.05(2)(a)4.a. Staff Record - Registry Certificate ✓ Description: Staff D has worked as a teacher for more than six months and does not have record of a Registry certificate on file.	She contacted the Registry to get it updated.	12/29/25	

0004/0005
 HOMETOWN CHILDRENSCENTER
 12/23/2025 3:31PM FAX 7153450342

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Hometown Children's Center Inc		6000567926 / 001 - 1002057		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
709 Northpoint Dr Stevens Point WI 544811083		715-344-4319	12/5/2025	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
7 251.05(2)(a)5. Staff Record - High School Diploma Description: Staff D is working as a teacher and does not have record of a high school diploma on file.	Contacted school - GED certificate is forth coming by mail.			
8 251.05(2)(a)7. Staff Record - Continuing Education Description: Staff A and C did not have record of continuing education on file for 2024.	Neither have CE for 2025, Registered for Pyramid Model Training in Jan. 2026			
9 251.05(2)(a)8. Staff Record - Orientation Description: Staff B did not have record of orientation on file.	Is now in file.	12/23/25		
10 251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A did not have record of CPR on file.	She had her card, a copy is now in her file.	12/23/25		

00005/0005
 HOMETOWN CHILDRENSCENTER
 12/23/2025 3:31PM FAX 7153450342

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Hometown Children's Center Inc		6000567926 / 001 - 1002057	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
709 Northpoint Dr Stevens Point WI 544811083		715-344-4319	12/5/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
11 251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff A and D did not have record of child abuse and neglect training on file. Repeat violation: Previously cited on 10/4/2024	Will register for the training after Christmas using the Dept. of Children & Families site.	1/5/26	
12 251.09(4)(a)3. Infant & Toddler - Diaper Changing Surface Disinfection Description: Per staff interview, in Classroom 2 the diaper changing surface is not being cleaned in a two step process of soap and water followed by a disinfectant and the disinfectant is not being used per the label instructions.	Staff was instructed again @ a staff mtg on 12/9/25, the correct process for cleaning the diaper changing table.	12/9/25	
13 251.09(4)(b) Infant & Toddler - Sinks In Self-Contained Area Description: The hand washing sink in Classroom 1 is being used for food preparation.	The sink is no longer being used for food prep. Using a jug of water from the kitchen for bottles.	12/9/25	

NAME - Agency Worker
Heather Struck

Date Issued
12/11/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Melanie M. Schmitz

Date Signed

12/23/25