

## HOMETOWN CHILDREN'S CENTER

INC

709 Northpoint Drive Stevens Point, Wisconsin 54481

phone 715-344-4319 FAX 715-345-0342

email: melanie@hometownchildrenscenter.com

## FAX COVER SHEET

DATE: 3/8/24

TO: Neather Struck

FAX#\_1-715.365 - 25/7

FROM Melanie M. Schmitz

contents: Non compliance / correction plan

Number of Pages: 5 my cover

Additional Comments:

please let me know that you received this.

Melarie

Date Correction Plan Due

## 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)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f). DCF 252.41(1)(L)

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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 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 date(s) for each item. Return the original to your certification / licensing specialist.

The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist.

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The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist.

	Certified Operator / Licensed Center	600056	37926 / 001 - 1002057	
	own Children's Center Inc s - Facility (Street, City, State, Zip Code)	Telephone Number Date - Regulation Visit 715-344-4319 10/2/2023		Visit
9 1	s - Facility (Street, Olly) Iorthpoint Dr Stevens Point WI 544811083  Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
	Noncompliance Statement  251.05(3)(b)  Abusive Head Trauma Prevention Training	Staff B will haginher Abusive Head Trauma	2/14/	
	Stoff A and B did not have record of Abusive Head Trauma	Abusive Head Trauma	`{·/^1 	10.10
	training on file.	training on w 2/1/24		
2	251.05(3)(c) Cardiopulmonary Resuscitation Training	Completed CPA training on 2/14/24	7/11/24	
	Description: Staff B did not have record of CPR on file.	1100000		

(1) All staff completed AHT training on 3/8/24.

<b></b>	e - Certified Operator / Licensed Center	Provide	r Number / Facility ID Num	nber
	etown Children's Center Inc	600056	37926 / 001 - 1002057	
Addr	ess - Facility (Street, City, State, Zip Code) Northpoint Dr Stevens Point WI 544811083	Telephone Number 715-344-4319	Date - Regulation Visit 10/2/2023	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.055(1)(a) Supervision Of Children  Description: A child left Classroom #4 and entered Classroom #3 to hang up their sweatshirt. The child was not within sight and sound supervision of their teacher.	Children are now wing gight and sound as a staff person is in each room.	10/3/23	
4	251.06(11)(b)5.  Outdoor Play Space - Energy-Absorbing Surfaces  Description: The energy-absorbing material under the play equipment did not have at least 9 inches of fill in the fall zones.	Wood chips will be used to fill up the holes when they thaw,		
5	251.06(4)(d) Exits & Passageways - Unobstructed, Minimum Width  Description: The exit door in Classroom #1 was locked and required more than a one-hand or one-motion to unlock and open.	The door is now unlocked daily. Staff was informed previously, but was reminded again.	1092/23	
6	251.06(9)(d)2.a.  Food Storage - Dry Food  Description: A dry food item in Classroom #3 was not stored in a bag with zip-type closures or in a metal, glass, or food grade plastic container with tight-fitting cover.	All dry open food items are stored in Ziploc baggs	10/2/23	

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IZ. ICPM FAX		
2/02/20/4		

Name - Certified Operator / Licensed Center	Pı	ovider Number / Facility ID Nu	mber	
Hometown Children's Center Inc	000567926 / 001 - 1002057	67926 / 001 - 1002057		
Address - Facility (Street, City, State, Zip Code) 709 Northpoint Dr Stevens Point WI 544811083	Telephone Number 715-344-4319	Date - Regulation 10/2/2023	Date - Regulation Vis≇ 10/2/2023	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
251.09(4)(a)3. Infant & Toddler - Diaper Changing Surface Disinfection  Description: The diaper changing surface in Classroom #1 was not cleaned with soap and water and a disinfectant after each use.  Per interview, staff in Classroom #2 are not using the disinfecting product per the product label instructions.	after visio.	4 10/3/23 told		

\*I bought ZEP spray boffies to insure we were using the correct strength.

NAME - Agency Worker Heather Struck, Dezarae Wierzba Date Issued 1/23/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Mulauw M: DCWmcd