

Date Correction Plan Due 11/22/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 Bethel's House Family Child Care		Provider Number / Facility ID Number 1000583781 / 001 - 2000647		
Address - Facility (Street, City, State, Zip Code) 2711 W Spencer St Grand Chute WI 549144316		Telephone Number 920-205-5256	Date - Regulation Visit 11/7/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>250.05(2)(b) Staff File - Background Check Results</p> <p>Description: Based on record review on 11/7/24 according to the staff record checklist Staff Member B failed to have a complete background check on file.</p> <p>Staff Member B is a sub that was used and had previously had eligibility but needed to be re-fingerprinted. The staff member's eligibility expired.</p>	<p><i>Staff Member B had shoulder replacement surgery and can not move her arm, hand, shoulder enough to complete the finger print process.</i></p>	<p><i>possibly 2 months w/ Doctor approval</i></p>	

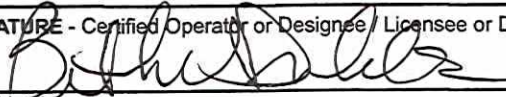
She will not be able to sub until her shoulder B completely healed.

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2	<p>250.05(3)(fm) Biennial Training - Child Abuse & Neglect</p> <p>Description: Based on record review on 11/7/24 according to the staff record checklist Staff Member B failed to have a Biennial Child Abuse and Neglect on file.</p> <p>Staff Member B is a sub that was used and failed to have taken Biennial Child Abuse and Neglect.</p>	<p>I have sent the links for the Child Abuse and Neglect training to Staff Member B, to be completed ASAP.</p>	<p>Dec. 1, 2024</p>

NAME - Agency Worker
Cassandra Debauche

Date Issued
11/8/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

11/17/2024