

Date Correction Plan Due 4/1/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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 Children's Discovery Center		Provider Number / Facility ID Number 5000569345 / 012 - 1014793		
Address - Facility (Street, City, State, Zip Code) 3109 John Joanis Dr Stevens Point WI 544828800		Telephone Number 715-544-4991	Date - Regulation Visit 3/10/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(b) Current, Accurate Daily Attendance Record Description: There were 17 children in Classroom 8 and only 15 children were signed in on the daily attendance sheet. The visit form was not completed for the two children that transferred to the classroom. Repeat violation: Previously cited on 9/20/2024	<i>procedure was gone over again and sign in/out will happen immediately.</i>	<i>2/21/25</i>	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A did not have record of CPR on file.	<i>Completed</i>	<i>3/21/2025</i>	

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3	251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills Description: The fire drill for February was not documented.	Completed but not documented - responsibility to document was disjuncted with new staff	3/24/25	
4	251.07(6)(dm)3.b. Medical Log - Injury In Care Description: In Classroom 8 entries in the medical log book did not include the time of incident. Repeat violation: Previously cited on 9/20/2024	Staff trained again on procedure	3/17/25	
5	251.09(4)(a)3. Infant & Toddler - Diaper Changing Surface Disinfection Description: Per staff interview, Classroom 2 is not using the disinfectant product per the product label instructions.	update procedure to reflect 5 mins. Will begin implementing immediately	4/30/25	

NAME - Agency Worker
Heather Struck

Date Issued
3/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Samantha Zimmerman

03/31/2025