

<b>Date Correction Plan Due</b> 5/15/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 608-422-6765
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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.

<b>Name - Certified Operator / Licensed Center</b> Childrens Community School		<b>Provider Number / Facility ID Number</b> 7000560147 / 001 - 120008		
<b>Address - Facility (Street, City, State, Zip Code)</b> 1175 Cox Dr Mount Horeb WI 53572		<b>Telephone Number</b> 608-437-4121	<b>Date - Regulation Visit</b> 4/30/2025	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Staff A and staff B did not complete infant/child Cpr training within 3 months after beginning to work at the center.	<i>Staff A + B will register for the CPR online course to renew their certification from 2019 + 2021.</i>	<i>May 10, 2025</i>	
2	251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: Staff A and staff B did not complete child abuse and neglect training within one week after beginning to work at the center.	<i>Staff A + B will complete the child abuse + neglect training within 2 weeks along with the other staff.</i>	<i>May 15, 2025</i>	

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3	251.05(3)(g)2. <b>Assistant Child Care Teacher - Qualifications</b>  Description: Staff A did not complete the required entry-level training for an assistant teacher within 6 months after assuming the position.	<i>Staff A has now registered for the required intro class beginning Monday, May 5<sup>th</sup> 2025</i>	<i>Monday, June 16<sup>th</sup> 2025</i>
4	251.07(6)(dm)3.c <b>Medical Log - Medication Administration</b>  Description: Medication that was administered to a child was not recorded in the medical log book.	<i>Staff were reminded that <u>all</u> medication administered <u>must</u> be recorded in medical log book.</i>	<i>Thurs. April 30<sup>th</sup> 2025</i>

NAME - Agency Worker  
Rebecca Brickson

Date Issued  
5/1/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Martha Hoff*

*May 1, 2025*