

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 4/22/2021	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-381-7700
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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 Ellens Day Care		Provider Number / Facility ID Number 7000567957 / 001 - 1005852	
Address - Facility (Street, City, State, Zip Code) 1251 Sunset Dr Wausau WI 544014256		Telephone Number 715-842-7017	Date - Regulation Visit 4/6/2021
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(2)(c) Current, Accurate Information Description: Licensee provided false information to the department when an updated health form was submitted.	I hand delivered the current letter to the Drs office so he gets full instructions on what is required to satisfy the departments needs	per the letters date 4/16/21	
2 250.04(8)(b) Biennial Training - Child Abuse & Neglect Description: Provider B has not completed the biennial child abuse and neglect training that was due in March 2021.	Provider B is reading the pamphlet we have in our files	4/20/21	

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1251 Sunset Dr Wausau WI 544014256		715-842-7017	4/6/2021	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Provider A and Provider B do not have a current CPR certificate on file and were due for CPR training in October 2020.	We are enrolled for CPR on May 24th at NRC from 6-9AM	5/24/21	
4	250.07(1)(b)1. Daily Activities - Includes Indoor & Outdoor Activities Description: Per interview of Provider A, children under the age of 2 are not being take outside daily as required when inclement weather is not prohibiting outside time. Repeat violation: Previously cited on 9/4/2020	We have a stroller for 2, when older children are outside the smaller children will be too.	4/12/21	
5	250.07(3)(a)2. Play Equipment - Safe & Sturdy Description: There is a shelving unit and knick knack shelf in the lower level of the center that are unstable and shaky.	04/06/2021 - The shelf will be taken down immediately. Shelving unit was taken out 4/6/21. New Beube unit was purchased, installed & attached to the wall.	4/7/21	
6	250.07(5)(g)6. Handwashing For Persons Working With Children Description: Provider B did not wash her hands with soap and warm running water prior to changing a child's diaper.	Provider B was instructed on hand washing. she is to currently do so following the rule.	4/7/21	

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Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date	
Noncompliance Statement				

NAME - Certification Worker / Licensing Specialist
Kirsten Kronberger, Kelly Iverson

Date Issued
4/8/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Carleen J. Osika

Date Signed
4/20/21