

<b>Date Correction Plan Due</b> 6/28/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 715-930-1148
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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)(l) 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> Shell's Daycare Inc		<b>Provider Number / Facility ID Number</b> 4000579554 / 001 - 1009097		
<b>Address - Facility (Street, City, State, Zip Code)</b> 2911 Tower Ave Superior WI 548805585		<b>Telephone Number</b> 715-392-4669	<b>Date - Regulation Visit</b> 6/6/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	<p>251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b></p> <p>Description: The file for Staff B did not contain documentation of a physical examination report on a form provided by the department, completed within 12 months before or within 30 days after beginning work with children in care, indicating the person is free from illness detrimental to children, including tuberculosis, and physically able to work with young children.</p>	<p>Staff B. has a Dr Appointment. will have it done by 6-28-24</p>	<p>6/21/24</p>	

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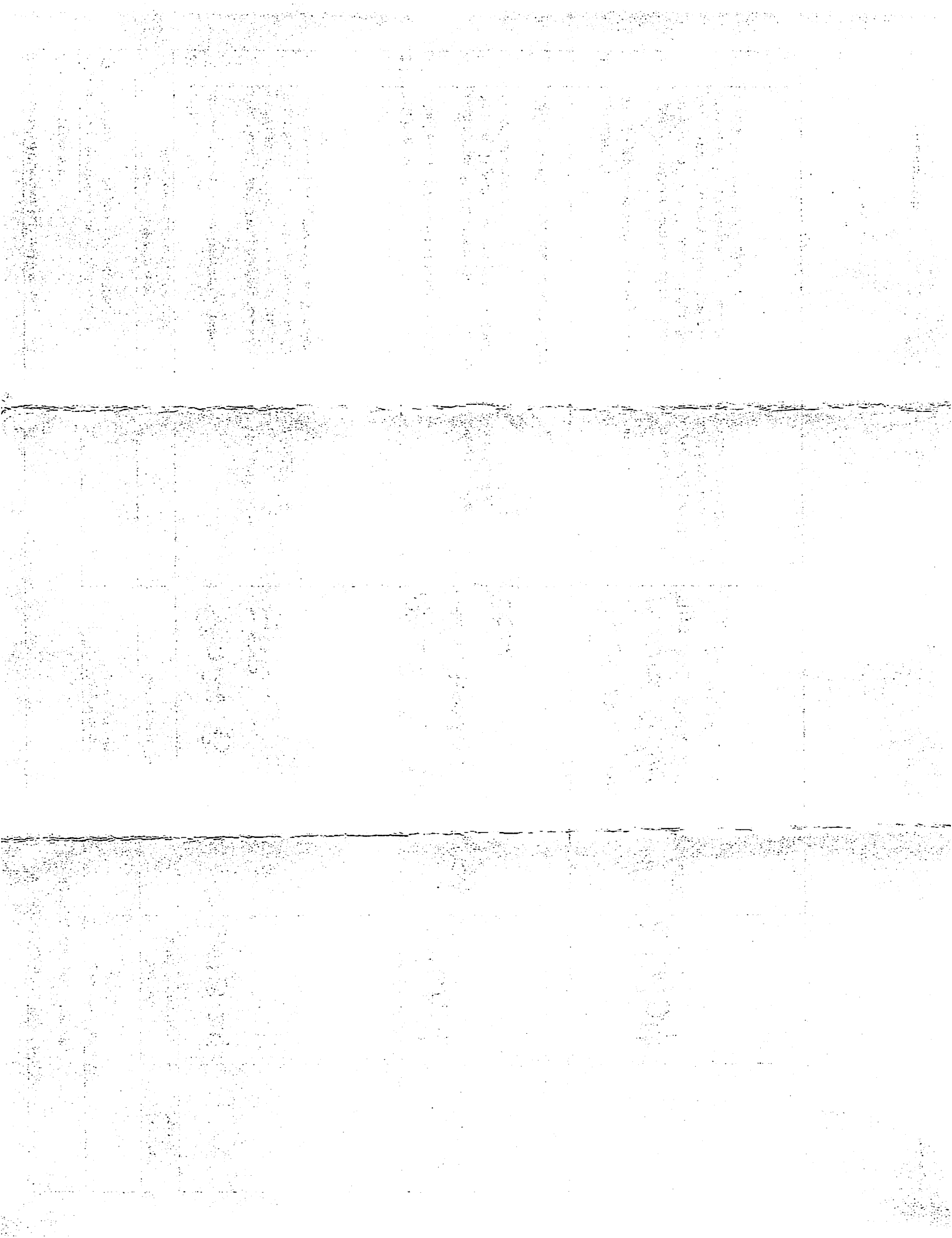
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Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
251.05(3)(c)2	<p>Description: Staff B was missing documentation of having obtained a certificate of completion for infant and child cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use from an agency approved by the Department within 3 months of employment.</p>	<p>Staff B took the 6-18-24 CPR</p>		
251.05(3)(cm)3	<p>Description: Staff C was missing documentation of having received training within the past two years on child abuse and neglect laws, identification, and reporting.</p> <p>Repeat violation: Previously cited on 11/2/2023</p>	<p>Staff C took the training that Day</p>	6/6/24	
251.055(2)(d)4	<p>Mixed Age Group with Children Under Age 2 - Group Size</p> <p>Description: During the course of a complaint investigation it was determined that a 21 month old child was transitioned to the 2 year old room 3 months prior to turning 2 years old. Rule states children under the age of 2 may transition into an older age group no earlier than 2 weeks prior to their 2nd birthday.</p>	<p>As of now moving forward children will not be moved up before the 2 weeks</p>	6/6/24	



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6/6/2024

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

NAME - Agency Worker

Emily Johnson

Date Issued

6/14/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Michelle Davis*

Date Signed

*6/21/24*