

Date Correction Plan Due
6/26/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
715-361-7700

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 Green Circle Trail Daycare		Provider Number / Facility ID Number 1000579861 / 004 - 2006749		
Address - Facility (Street, City, State, Zip Code) 637 Janick Cir W Stevens Point WI 544812407		Telephone Number 715-571-2956	Date - Regulation Visit 6/4/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m. Child Record - Health History Description: Child 6 and 8 did not have a Health History and Emergency Care Plan on file.	- had parents get forms	6/26/2025	
2	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child 4 and 6 did not have a child health report on file within the last 6 months.	- had parents get forms	6/26/2025	

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3	250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period Description: Record of continuing education hours for 2024 were not on file.	Ordered Classes from	8/26/2025	
4	250.07(3)(a)5. Play Equipment - Manufacturer Instructions And Recommendations Description: The safety straps had been removed from the high chair and was not being used per manufacturer recommendations.	Put straps back on the chair	6/26/2025	

NAME - Agency Worker
Heather Struck

Date Issued
6/11/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jana Miskamich

Date Signed
6/26/2025