

late Correction Plan Due
1/16/2021

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
715-930-1148

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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Roots And Wings Childcare

1000588521 / 001 - 2002077

Address - Facility (Street, City, State, Zip Code)
87 24th St N La Crosse WI 546013846

Telephone Number
608-619-1789

Date - Regulation Visit
4/1/2021

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
250.04(3)(b) Biennial Training - Child Abuse & Neglect Description: A second provider did not have documentation of completion of Child Abuse and Neglect training. Repeat violation: Previously cited on 11/25/2019	Complete Training online for 1 & 2	4/7/2021	
250.05(3)(b) Provider - Entry-Level Training Description: A second provider who began working 6/1/20, has not completed the required entry level training within 6 months.	ORDER 1/2 complete training from Education Station	ordered 4/6/21 working on now.... completed by June 30, 2021	

Roots And Wings Childcare

1000588521 / 001 - 2002077

Address - Facility (Street, City, State, Zip Code)

87 24th St N La Crosse WI 546013846

Telephone Number

808-519-1769

Date - Regulation Visit

4/1/2021

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: One provider's certificate in Infant/Child CPR expired 10/2020. A second provider did not have documentation on file of completing the course within 3 months.	Sign up & complete training for 1 & 2	4/16/21	
250.07(6)(b)3.c. Medical Log Book - Medication Dispensed Description: There was a variety of homeopathic products used such as Hylands Bumps and Bruises', stress relief drops and salves that were not recorded in the center's medical log when used.	Write down in medical log when using Salve & other homeopathic products	ASAP	
250.07(6)(f)1.a. Medication Administration - Parent Authorization Description: There was a variety of homeopathic products used/given to children such as Hylands Bumps and Bruises', stress relief drops and salves without written authorization from the parents on file.	Make a parent authorization form along with DCF Form to keep in children's files.	All forms should be signed by 4/23/21 & placed in files	

NAME - Certification Worker / Licensing Specialist

ta Miller

Date Issued

4/2/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Sara Menell

Date Signed

4/16/21

Certificate of Completion



AZURA MERRELL

This certifies that the person named
above has successfully completed the
International CPR Institute
Three Hour Course in

CPR/AED

Adult/Child/Infant

Completion Date

April 16, 2021



www.icpri.com

917639



www.icpri.com

Apr/16/2023

Certificate of Completion



SARA MERRELL

This certifies that the person named
above has successfully completed the
International CPR Institute
Three Hour Course in

CPR/AED

Adult/Child/Infant

Completion Date

April 16, 2021



www.icpri.com

917630



www.icpri.com

Apr/16/2023

CERTIFICATE OF COMPLETION

This certifies that

Azura Merrell

has successfully completed

Mandated Reporter Online Training

4/7/2021



CERTIFICATE OF COMPLETION

This certifies that

SARA MERRELL

has successfully completed

Mandated Reporter Online Training

4/6/2021

