

Date Correction Plan Due 7/2/2025 **NONCOMPLIANCE STATEMENT AND CORRECTION PLAN** **TO FILE A COMPLAINT CALL** 608-422-6765

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 Child's First Inc		Provider Number / Facility ID Number 3000589053 / 001 - 2003226	
Address - Facility (Street, City, State, Zip Code) 612 N Randall Ave Janesville WI 535451958		Telephone Number 608-752-0743	Date - Regulation Visit 5/6/2025
Rule/Statute Number 251.05(3)(c)	Noncompliance Statement Cardiopulmonary Resuscitation Training Description: Staff B did not have documentation on file of current infant/child CPR training as required.	Correction Plan Staff completed CPR training on 5/6/25; new certificate on file. Director will check training dates quarterly and give 60 day notice to staff.	Expected Completion Date 5/10/2025
			Verification Date

NAME - Agency Worker
Jenny Sweeney

Signature - Certified Operator or Designee / Licensee or Designee
Jenny Sweeney

Date Issued
6/18/2025

Date Signed
6/18/2025