

Date Correction Plan Due
8/23/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

NO FILE A COMPLAINT CALL
715-833-0198

Use of Form: This form is used by certification / licensing staff to identify areas and / or administrative non-compliance and to outline proposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of 201P-201-005, 201P-201-006(1), 201P-201-006(2) and 201P-201-006(3) and 2005, 201P-201-006(1), 201P-201-006(2) and 201P-201-006(3). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions described in the statute and / or administrative code. Public Service Fee: Administrative of correction fees are not required to file.

Instructions: The Noncompliance Statement below identifies the violation of 201P-201-005 and / or administrative non-compliance 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 non-compliance. Identify proposed correction details for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a renewal plan, send your copy of the non-compliance statement and correction plan from the license to accordance with the due date above. This request for a correction plan is not an order imposing a sanction or penalty pursuant to this title, 201P-201, if the Department decides to issue a warning letter and / or penalty for failure to file within the filing or a future filing, you will be given a 30-day period to file and / or comply and your license will be reinstated.

Name - Certified Operator / Licensee Center

Provider Number - Facility ID Number

Dr's Family Childcare

700000077 / 001 - 2007600

Address - Facility Street, City, State, Zip Code
46084 Poplar Rd. Dunbar MS 387300054

Telephone Number
715-279-8004

Date - Register this
8/23/2025

Noncompliance Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

201-001(2)(c)

Current, Accurate Daily Attendance Record

Description: The attendance was not current and accurate when one child had left prior to the monitoring visit and was not signed out on the attendance record. The provider signed the child out upon reaching the overnight.

I will check to make sure child is checked out when picked up early for appointments

7/29/25

I renewed my CPR/AED Certification 6/15/25

my subscription will be renewing as well within a week or two

6/15/25

201-001(2)(d)

Provider Training - Current CPR Certificate

Description: The provider's infant and child CPR/AED certificate had expired on 03/05/2025. Each licensee and provider shall maintain a current cardiopulmonary resuscitation certification.

Name - Certified Operator - Licensed Under

City Family Collection

Project Number - Family ID Number

70388207 - 001 - 000000

Address - Facility (Street City State Zip Code)
48888 Hayes Rd - Queens NY 11355Telephone Number
718-278-8824Date - Inspection Was
4/15/05Substance Number
Noncompliance Reference

Correction Plan

Inspection
Completion DateVerification
Date

NAME - Agency Official

April Callahan

April Callahan

Date Inspected

4/15/05

Date Signed

SIGNATURE - Operator Operator or Designer - Licensed or Designer



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Adult, Child and Infant, Pediatric CPR/AED &
First Aid

Jodie Ellenberger

DATE ISSUED
15 Jun 2025

RENEW BY
15 Jun 2027

THIS CARD CERTIFIES THAT THE INDIVIDUAL HAS SUCCESSFULLY COMPLETED THE
NATIONAL COGNITIVE EVALUATION IN ACCORDANCE WITH PROTRAININGS
CURRICULUM AND THE 2020 AMERICAN HEART ASSOCIATION® GUIDELINES



CERTIFICATE NUMBER
175002863392242

INSTRUCTOR
ROY W. SHAW #100

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