

# NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL  
715-381-7700

**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 202.085, 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**  
Christys Child Care Center

**Address - Facility (Street, City, State, Zip Code)**  
3217 Center St Stevens Point WI 544814217

**Provider Number / Facility ID Number**  
1000559671 / 002 - 1009998

**Telephone Number**  
715-341-9944

**Date - Regulation Visit**  
4/23/2026

#	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.04(2)(L)1.b. <b>Department Notices Posted</b></p> <p>Description: The Notice of Order, Sanctions and Appeal Process issued on 12/22/25 was not posted next to the child care license.</p>	<p>Notice posted next to license.</p>	<p>4/23/26</p>	
2	<p>251.05(2)(a)2. <b>Staff Record - Completed Background Check</b></p> <p>Description: Staff C was working in a teacher capacity and caring for a group of children alone without an approved DCF background check on file.</p> <p>Repeat violation: Previously cited on 12/8/2025, 11/20/2025, 5/20/2025, 2/21/2025</p>	<p>STAFF C Did have background <del>check</del> + finger prints prior to hire. + STAFF C was put in the DCF portal on 5/13/26 and has again completed DCF background check and fingerprinting</p>	<p>4/24 5/12/26 5/13/26</p>	

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3	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Staff A did not have record of CPR from an approved vendor on file. Staff B did not have record of current CPR on file.  Repeat violation: Previously cited on 12/8/2025, 11/25/2024	STAFF A will complete an approved CPR course - The one she has was not on the DCF site. STAFF B - MOVING	5/13/26	
4	251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: Staff B did not have record of child abuse and neglect training on file.  Repeat violation: Previously cited on 12/8/2025, 11/25/2024	STAFF B will complete Abuse + Neglect cont-ed. training by 5/20/26	5/13/26	

NAME - Agency Worker  
Heather Struck

Date Issued  
4/30/2026

SIGNATURE Certified Operator or Designee / Licensee or Designee  
*Christy R. Poffinbarger*

Date Signed  
5/14/26

Governor Tony  
Secret

REGULAR  
80 0000

April 30, 20  
Poffinbarger  
Child Care  
Center