B-Cereal & Banana S-Veggies & Dip STATE OF WISCONSIN DEPARTMENT OF CHILDREN AND FAMILIES Division of Early Care and Education TO FILE A COMPLAINT CALL NONCOMPLIANCE STATEMENT AND CORRECTION 715-361-7700 Date Correction Plan Due 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. PLAN 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 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 negative statement and correction plan near the license in accordance with Wis. Stat. 48.657. 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 protice of the sanction and / 1000559671 | 002 - 1009998 notice of the sanction and / or penalty and your appeal rights. Name - Certified Operator / Licensed Center Date - Regulation Visit Telephone Number 811812023 Christys Child Care Center 715-341-9944 Address - Facility (Street, City, State, Zip Code) Verification Expected 3217 Center St Stevens Point WI 544814217 Date Completion Date Correction Plan Rule/Statute Number 10/6/23 Noncompliance Statement the plan of correction was sent out on 8/18/23.

\* Due to stabbing I must do office hours after the chief. 251.04(3)(f) Report - Plan Of Correction Description: A noncompliance statement was issued on 04/17/23 with a plan of correction due date of 05/01/23. As of 08/18/23 the plan of correction has not been received. Date Issued 8/18/2023 NAME - Agency Worker Date Signed Heather Struck SIGNATURE - Certified Operator or Designee / Licensee or Designee Page 2 of 2