

Date Correction Plan Due 12/27/2023	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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		Provider Number / Facility ID Number		
Canaland Christian Acadmy Early Lrng		2000559632 / 001 - 620105		
	Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit	
1	<p>251.07(6)(f)1.a. Medication Administration - Parent Authorization</p> <p>Description: A written authorization that includes the child's name, birthdate, name of medication, administration instructions, medication intervals and length of the authorization dated and signed by the parent should be on file for all medications.</p> <p>The authorizations for two children did not have a parent signature.</p> <p>The authorization for one child did not have the length of the authorization.</p>	<p>A written medication form with the child's name, birthdate, name of medication, administration instructions, medication intervals, and length of authorization dated and signed by the parent will be kept on file for all medications.</p>	12-27-2023	

Name - Certified Operator / Licensed Center Canaland Christian Acadmy Early Lrng		Provider Number / Facility ID Number 2000559632 / 001 - 620105		
Address - Facility (Street, City, State, Zip Code) 801 County Road Hh Stevens Point WI 544818415		Telephone Number 715-341-8747		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	<p>251.09(1)(L) Infant & Toddler - Soft Materials In Cribs</p> <p>Description: One child under the age of one was sleeping in a crib with a pacifier attached to their clothing by soft material.</p>	Children under the age of one will not have a pacifier attached to their clothing while sleeping in a crib.	12-22-2023	

NAME - Agency Worker Heather Struck	Date Issued 12/12/2023
SIGNATURE - Certified Operator or Designee / Licensee or Designee Jennifer Kleiner	Date Signed 12/22/2023