Date Correction Plan Due
6/15/2022

NONCOMPLIANCE STATEMENT AND CORRECTION
PLAN

TO FILE A COMPLAINT CALL
715-361-7700

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 202.065, 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.

notice	of the sanction and / or penalty and your appeal rights.				
Nam	e - Certified Operator / Licensed Center	Provider Number / Facility ID Number			
Canaland Christian Acdmy Early Lrng		2000559632 / 001 - 620105			
Address - Facility (Street, City, State, Zip Code) 801 County Road Hh Stevens Point WI 544818415		Telephone Number	Date - Regulation Visit 5/26/2022		
		715-341-3275			
	Rule/Statute Number	Correction Plan	Expected	Verification	
	Noncompliance Statement		Completion Date	Date	
1	251.07(3)(f) Trampolines & Inflatable Bounce Surfaces	The bounce houses will not be used while in care.	6/7/2022		
	Description: 4K children were observed in bounce houses in the auditorium.				
2	251.07(6)(dm)4. Medical Log - Reviewing Injury Records	Medical logs will be reviewed monthly.	6/7/2022		
	Description: Medical log books had not been reviewed in the last 6 months.				

DCF-F-CFS0294-E (R.06/2011)

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Address - Facility (Street, City, State, Zip Code) 801 County Road Hh Stevens Point WI 544818415		Telephone Number 715-341-3275	Date - Regulation Visit 5/26/2022		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
3	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: In the Nursery Room, Intake Under 2 forms had not been updated in the last 3 months.	Intake forms will be updated monthly.	6/7/2022		

NAME - Certification Worker / Licensing Specialist Dezarae Wierzba	Date Issued 6/1/2022
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed
Jennifer Kleiner, Program Director	6/7/2022

DCF-F-CFS0294-E (R.06/2011)