

<b>Date Correction Plan Due</b> 12/27/2023	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Canaland Christian Acdmy Early Lrng		<b>Provider Number / Facility ID Number</b> 2000559632 / 001 - 620105		
<b>Address - Facility (Street, City, State, Zip Code)</b> 801 County Road Hh Stevens Point WI 544818415		<b>Telephone Number</b> 715-341-8747		<b>Date - Regulation Visit</b> 11/21/2023
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	<p>251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b></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	

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2	251.09(1)(L) <b>Infant &amp; Toddler - Soft Materials In Cribs</b>  Description: One child under the age of one was sleeping in a crib with a pacifier attached to their clothing by soft material.	Children under the age of one will not have a pacifer attached 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