

Date Correction Plan Due 3/5/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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)(f) 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.

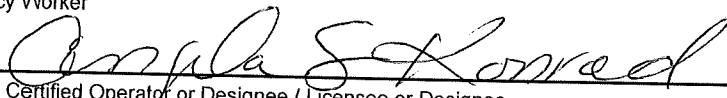
Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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 Cp Early Education And Care		Provider Number / Facility ID Number 9000560179 / 001 - 420562		
Address - Facility (Street, City, State, Zip Code) 2801 S Webster Ave Green Bay WI 54301		Telephone Number 920-337-1122	Date - Regulation Visit 2/19/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.04(6)(a)8.a. Child Record - Physical Exam - Under 2</p> <p>Description: One child did not have a current (once every 6 months) physical in their file - see checklist.</p> <p>Repeat violation: Previously cited on 1/26/2023, 8/23/2022</p>	<p>Parent was given a new Health History Report and asked to have it updated by the child's physician</p>	3/1/2024	
2	<p>251.05(2)(a)5. Staff Record - High School Diploma</p> <p>Description: One staff member did not have their high school diploma in their file - see checklist.</p>	<p>Staff member is reaching out to H.S to obtain the diploma for her records</p>	3/1/2024	

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3	251.05(3)(b) Abusive Head Trauma Prevention Training Description: One staff member did not have abusive head trauma prevention training prior to working with children - see checklist.	Staff member took the online training. Her file is now complete.	2/20/24
4	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: The toddler 1 room had 3 intakes that were not updated once every 3 months. The infant 2 room had 1 intake that was not updated once every 3 months. Repeat violation: Previously cited on 8/23/2022, 2/25/2022	Families will update their child's intake forms at drop off or pick-up times.	2/23/2024

NAME - Agency Worker
Jill Kellner

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Issued
2/20/2024

Date Signed

2/21/2024