

Date Correction Plan Due 7/24/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
---------------------------------------	--	--

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	
Encompass The Cornerstone Center		3000559973 / 006 - 1002083	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
345 N Broadway Green Bay WI 543032701		920-436-7554	6/26/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.04(6)(a)8.a. Child Record - Physical Exam - Under 2 Description: Of 6 Children's Records reviewed 2 failed to have documentation of an updated exam.	<i>going through all child files, & requesting needed documentation from families, creating new file system</i>	<i>7.31.2024</i>
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Of 6 Staff Records reviewed 2 were missing documentation of current CPR training. Repeat violation: Previously cited on 11/29/2023	<i>updating all staff files, providing needed training, creating new file system.</i>	<i>7.19.24</i>

Name - Certified Operator / Licensed Center Encompass The Cornerstone Center		Provider Number / Facility ID Number 3000559973 / 006 - 1002083	
Address - Facility (Street, City, State, Zip Code) 345 N Broadway Green Bay WI 543032701		Telephone Number 920-436-7554	Date - Regulation Visit 6/26/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	251.08(4)(b) Driver Orientation - Requirement Description: The Vehicle driver's file failed to have documentation of annual driver orientation. Repeat violation: Previously cited on 11/29/2023	updated bus driver orientation when bus driver returns for school year, prior to driving children - will repeat annually.	08.26.24

NAME - Agency Worker
Ruth Sprangers

Date Issued
7/10/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Jessica Harvey

7-11-24