

Date Correction Plan Due 11/1/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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 Cardinal Kids Club		Provider Number / Facility ID Number 7000555857 / 002 - 2100950		
Address - Facility (Street, City, State, Zip Code) S1450 Cty Rd Cc Spring Valley WI 547670249		Telephone Number 715-778-5551	Date - Regulation Visit 3/12/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.05(3)(c) Cardiopulmonary Resuscitation Training</p> <p>Description: Documentation of Staff B obtaining and maintaining a current certificate of completion for infant and child cardiopulmonary resuscitation (CPR) including Department-approved training in the use of an automatic external defibrillator within 3 months of beginning to work with children was not available for review.</p> <p>Repeat violation: Previously cited on 10/19/2023, 6/30/2022</p>	<p>Current staff members have either completed or are in the process of completing the required infant and child cardiopulmonary resuscitation (CPR) training course. This includes department-approved training on using an automatic external defibrillator (AED). Compliance efforts commenced immediately after the regulatory visit on/about March 12, 2024. Future staff will complete this training upon hiring, with confirmation during staff orientation.</p>		

NAME - Agency Worker
April Callihan

Date Issued
10/18/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed