

<b>Date Correction Plan Due</b> 4/17/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 715-930-1148
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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> Chapel Heights Christian Preschool		<b>Provider Number / Facility ID Number</b> 1000577811 / 001 - 520116		
<b>Address - Facility (Street, City, State, Zip Code)</b> 300 E Hamilton Ave Eau Claire WI 54701		<b>Telephone Number</b> 715-832-2333	<b>Date - Regulation Visit</b> 3/21/2024	
<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>		<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(4)(f) <b>Copy Of Rules Available</b>  Description: The center didn't have a copy of the licensing rules in an area of the center accessible to parents.	State of Wisconsin APR 15 2024 DCF DECE BECR WRO <i>Licensing Rules are in area visible to parents.</i>	<i>4/9/24</i>	
2	251.04(4)(g) <b>Copy Of Policies Available</b>  Description: The center didn't have a copy of their policies in an area of the center accessible to parents.	<i>Policies are in area visible to parents</i>	<i>4/9/24</i>	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>  Description: During a personnel file review, it was noted that three employees did not have documentation of the completion of Abusive Head Trauma Training, which is required prior to providing care and supervision to children under age 5 years.	<i>Staff will complete by 4/30/24</i>	<i>4/30/24</i>	
4 251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: It was found that although three employees were trained in CPR, the training was not provided by a source approved by the Licensing Department.	<i>Staff will complete by 7/31/24.</i>	<i>7/31/24</i>	
5 251.06(2)(p)1.a. <b>Radon - Testing</b>  Description: The center did not submit radon test results to the Department by 9/01/23.	<i>Radon test results will be submitted to Dept on or before 4/26/24</i>	<i>Complete</i>	

NAME - Agency Worker  
Heather Ruf

Date Issued  
4/2/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Diana J. Olson*

*4/12/24*