

Date Correction Plan Due	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		Provider Number / Facility ID Number		
Oakfield Childcare Center		4000581334 / 001 - 2100981		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
200 White St Oakfield WI 530659782		920-583-2648	10/28/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Based upon review on October 28, 2024, Staff Member C of the Staff Record Checklist did not have a certificate of completion on file for infant and child CPR.	staff member C emailed a copy of her CPR certificate; she completed the course in 05/2024	10/28/24	
2	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Based upon review on October 28, 2024, Staff Member A of the Staff Record Checklist did not have documentation of completing the biennial training on child abuse and neglect reporting requirements.	staff member A will complete the training by watching the video + completing the certificate	11/01/24	

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Noncompliance Statement			

NAME - Agency Worker
Jamie Brandt

Date Issued
10/28/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Danielle Smith

Date Signed

10/29/2024