

Date Correction Plan Due 10/14/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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 The Train Station		Provider Number / Facility ID Number 4000590044 / 001 - 2005052		
Address - Facility (Street, City, State, Zip Code) 152111 Tulip Ln Wausau WI 544015509		Telephone Number 715-348-2497	Date - Regulation Visit 9/27/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff F and J do not documentation of a health report on file.	<i>Staff have been notified with the expectation of completing the Requirement by the deadline.</i>	<i>November 30, 2024</i>	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff F does not have documentation of completion of CPR/AED training. Staff B and J have documentation of completion of CPR/AED training but the training was not completed with an approved provider. Repeat violation: Previously cited on 10/18/2023	<i>Staff have been provided the correct training links and notified of the expected completion date.</i>	<i>November 30, 2024</i>	

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3	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff C, D, E, and F do not have documentation of current training in child abuse and neglect reporting. Repeat violation: Previously cited on 10/18/2023	Staff have been provided the training and notified of the expected completion date.	November 30, 2024

NAME - Agency Worker
Kirsten Kronberger

Date Issued
9/30/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Leah Schneider

October 17, 2024