

Date Correction Plan Due 4/23/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 Ccd Fall River Daycare		Provider Number / Facility ID Number 3000557733 / 003 - 1010604		
Address - Facility (Street, City, State, Zip Code) 700 S Main St Fall River WI 53932		Telephone Number 920-484-3014	Date - Regulation Visit 3/14/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(h) Report - Change In Room Usage Description: Staff member admitted caring for children in a space not approved by the department.	We were not aware of this Now we are and have changed our policy.	3/14/24	
2	251.05(2)(a)2. Staff Record - Completed Background Check Description: A staff member did not complete a background check that indicates the individual was eligible to care for children. Repeat violation: Previously cited on 5/16/2023	Employee was on Registry but not put into portal after returning after 2 weeks. Is in portal now.	4/15/2024	

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700 S Main St Fall River WI 53932		920-484-3014	3/14/2024	
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3	251.05(3)(k)2. Contact With Person - Behavior Description: Children in the infants room were crying and scared when child care workers had a verbal altercation while they were napping.	Talked to both teachers and discussed keeping confrontation out of the classrooms.	3/14/24	
4	251.055(1)(a) Supervision Of Children Description: Staff member admitted that a child care worker left the infants room on multiple occasion leaving the infants unsupervised.	After watching the tape children might have been out of ratio for a minute but never unsupervised	3/31/2024	
5	251.07(2)(e)1. Prohibited Actions - Corporal Punishment Description: A staff member in the school-age room used prohibited actions when the individual slapped a child on his face causing minor injuries.	Teacher was dismissed. Parent called, police called state notified	2/15/2024	
6	251.09(2)(bm) Infant & Toddler - Sleep Position Description: Each child under one year of age was not placed to sleep on his or her back when one infant was observed sleeping in swinging chairs.	Talked to staff about moving them once a sleep. Will keep an eye on it.	3/14/2024	

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NAME - Agency Worker
Luzdarys Marquez

Date Issued
4/12/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

J. Johnson

Date Signed

4/19/2024