

Date Correction Plan Due 12/26/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
---	--	---

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 Community Child Care Center Inc		Provider Number / Facility ID Number 3000559623 / 001 - 1001501		
Address - Facility (Street, City, State, Zip Code) 1508 Texas Ave Stevens Point WI 544814255		Telephone Number 715-341-2797	Date - Regulation Visit 11/19/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(b) Current, Accurate Daily Attendance Record Description: In the Toddler 1 Classroom there were only 8 children; however, 9 children were signed in on the daily attendance record. In the Preschool 2 Classroom there were only 7 children; however, 11 children were signed in on the daily attendance record. Repeat violation: Previously cited on 5/9/2025	Assistant teachers will now oversee checking and double-checking attendance sheets. Assigning this task to specific individuals and making ownership clear should make for fewer mistakes.	1/9/2026	
2	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: In the Infant Classroom one staff was not signed in and one staff had not signed out on the daily attendance record.	Lead teachers will oversee the staff sign in sheet. Assigning this task to specific individuals and making ownership clear should make for fewer mistakes.	1/9/2026	

Name - Certified Operator / Licensed Center Community Child Care Center Inc		Provider Number / Facility ID Number 3000559623 / 001 - 1001501	
Address - Facility (Street, City, State, Zip Code) 1508 Texas Ave Stevens Point WI 544814255		Telephone Number 715-341-2797	Date - Regulation Visit 11/19/2025
Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
Noncompliance Statement			

NAME - Agency Worker
Heather Struck

Date Issued
12/10/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
1/13/2026