Date Correction Plan Due

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 Provider				r Number / Facility ID Number	
Community Chile	d Care Center Inc	30005	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 5/11/2021		
N	Rule/Statute Number loncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
Description the outdoor the group with the Di	on: During an incident on 04/26/2021 where a child was left in or play space without supervision, neither staff supervising of children was qualified as a teacher. Based on discussion birector, two staff who are not qualified as a teacher regularly d a group of children while the qualified Teacher was doing	At I least one lead qualified teacher will be scheckled for all shifts, including prep-work times. All staff schedules will be doubted the checked before distribution. All lead staff will be informed of which assistant teachers are lead qualified so they can help to ensure that all classroom coverage is maintained correctly. Those staff members that are not lead qualified will continue to work on becoming	July 1, 2021		

load contified.

Name - Certified Operator / Licensed Center Provid				er Number / Facility ID Number	
Com	nmunity Child Care Center Inc	559623 / 001 - 10015ơ1			
Address - Facility (Street, City, State, Zip Code) 1508 Texas Ave Stevens Point WI 544814255		Telephone Number 715-341-2797	Date - Regulation Visit 5/11/2021		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected ' Completion Date	Verification Date	
2	251.055(1)(f) Child Tracking Procedure Description: Based on conversation with staff, the center's procedure for child tracking includes doing a name-to-face check at each transition; however, the center's written policies do not address child tracking or supervision. It was determined staff did not conduct a name-to-face check before transitioning inside on 04/26/2021, when a one year old child was left in the outdoor play space without supervision.	A comprehensive supervision and tracking policy will be created and implemented by July 1, 2021. The Administrator and Director will conduct a training with all staff regarding the new policy and all procedures that are included by July 26, 2021. This policy will include the placement of staff in relation to the children, as well as of every child before boxing one area and immediately upon	Policy created by July 1,2021. Training by July 26,		

entering the destination. Upon completing the training, signed documentation of staff acknowledgment will be placed in each staff member's file.

NAME - Certification Worker / Licensing Specialist
Dezarae Wierzba

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Issued
6/1/2021

Date Signed

the My Can

06/30/2021