Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
4/11/2022	PLAN	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.

Nam	e - Certified Operator / Licensed Center	er Number / Facility ID Number		
Сол	amunity Child Care Center Inc	559623 / 001 - 1001501		
Address - Facility (Street, City, State, Zlp Code) 1508 Texas Ave Stevens Point WI 544814255		Telephone Number 715-341-2797	Date - Regulation Visit 3/21/2022	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(8)(b) Biennial Training - Child Abuse & Neglect Description: Documentation of current Child Abuse and Neglect training was not on file for Staff G.	Staff recieved and completed this traing on 03/23/2027. Reminders will be sent to staff 3 month prior to due date	03 <i> 23 2</i> 022-	
2	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Documentation of a physical examination was not on file for Staff B who was hired 06/2021.	This documentation was recieved on 03/24/2022. A new tracking system is now in place to ensure nothing is overlooked	03 <i> </i> 34 <i> </i> 3032	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Con	munity Child Care Center Inc	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 3/21/2022	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Documentation of current CPR training was not on file for Staff G.	Stabb took this training on 03/23/2022 Tracking system will also be used to ensure CPR is completed on time.	03/23/2022	
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NAME - Certification Worker / Licensing Specialist Dezarae Wierzba

Date Issued 3/28/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

DOE-E-MESONALE (P. DEMOST)

04/11/2022