Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/17/2021		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.

DEC 15 '21
RHINELANDER

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number
Mosinee Preschool		2000577832 / 001 - 1004604
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
901 11Th St Mosinee WI 544551212	715-693-6965	9/30/2021

	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 biennial child abuse and neglect training was not on file for Staff E and F.	I wrote a reminder on our center calendar to do the child abuse + neglect training.	10/5/21	
2	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Documentation of a health examination was not on file for Staff B.	I reminded the employee to get this completed ASAP. She made an appointment.	12/31/21	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(b) **Shaken Baby Syndrome Prevention Training** Description: Documentation of Shaken Baby Syndrome training was not on file for Staff A.	Found the online training for this and will have the employee complete it by Dec. 31, 2021	12/31/21	
4	251.05(4)(a) **Staff Orientation - Develop, Implement, Document** Description: Documentation of completed orientation was not on file for Staff A.	We went through the orientation together & signed and dated it.	10/5/21	

NAME - Certification Worker / Licensing Specialist
Dezarae Wierzba

Date Issued
11/3/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Victoria L Olund

Date Signed
12/10/21