

Date Correction Plan Due 10/10/2019	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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 Great Escape-Washington School		Provider Number / Facility ID Number 1000559711 / 009 - 620342		
Address - Facility (Street, City, State, Zip Code) 3500 Prais St Washington Elementary School Stevens Point WI 544812298		Telephone Number 715-347-2251	Date - Regulation Visit 9/13/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(5)(a)4. Staff File - Physical Examination Report Description: Documentation of a health examination was not on file for Staff D. Repeat violation: Previously cited on 9/28/2018	Staff D will Provide documentation of health Examination	11-29-19	
2	251.04(5)(a)5. Staff File - Registry Certificate, Educational Qualifications Description: Documentation of educational qualifications was not on file for Staff B and D.	Staff B+D will obtain Registry Certificate	01-03-20	

Name - Certified Operator / Licensed Center

Great Escape-Washington School

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1000559711 / 009 - 620342

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3500 Prais St Washington Elementary School Stevens Point WI
544812298

Telephone Number

715-347-2251

Date - Regulation Visit

9/13/2019

Rule/Statute Number
Noncompliance Statement

3

251.05(1)(c)

Cardiopulmonary Resuscitation Training

Description: Staff B's CPR certification expired 12/2018. Staff D's CPR
certification expired 06/2019.

Repeat violation: Previously cited on 9/28/2018

Correction Plan

Staff will obtain
CPR Certification.

Expected
Completion Date

12-6-19

Verification
Date

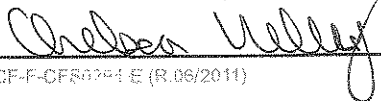
NAME - Certification Worker / Licensing Specialist

Dezarae Wierzb

Date Issued

9/26/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

11-12-2019