

Date Correction Plan Due 9/11/2019	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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.

<b>Name - Certified Operator / Licensed Center</b> Christys Child Care Center		<b>Provider Number / Facility ID Number</b> 1000559671 / 002 - 1009998	
<b>Address - Facility (Street, City, State, Zip Code)</b> 3217 Center St Stevens Point WI 544814217		<b>Telephone Number</b> 715-341-9944	<b>Date - Regulation Visit</b> 8/23/2019
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	251.04(2)(a) <b>Compliance With Laws</b>  Description: A DCF approved background check was not on file for Staff B and C.	<i>Staff B &amp; C will be added to DCF approved background check portal with help from licensing specialist (B) No longer employed</i>	<i>9-13-19</i>
2	251.04(5)(a)4. <b>Staff File - Physical Examination Report</b>  Description: Documentation of a health examination was not on file for Staff B.	<i>Staff B physical report - NO longer employed</i>	<i>8-30-19</i>



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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(1)(b) <b>Shaken Baby Syndrome Prevention Training</b>  Description: Documentation of Shaken Baby Syndrome training was not on file for Staff C.	Shaken Baby Syndrome Training was presented to Staff C.	9-3-19	
4	251.05(1)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Staff A, B, D, F, G, and H did not have current CPR training on file.	CPR & AED will be completed by staff A, D, F, G & H ⓑ No longer employed	9-11-19 and 9-14-19	
5	251.05(2)(c)1. <b>Continuing Education Requirement - Full Time Staff</b>  Description: Documentation of 25 hours of continuing education was not on file for Staff D, F, G, and H.	All hours were found and documented for staff D F G H	9/11/19	
6	251.09(1)(e) <b>Infant &amp; Toddler - Provider Training</b>  Description: Staff C, who provides supervision to children under two years old, did not have documentation of Infant and Toddler training within 6 months of hire.	Staff C will finish I & T training	9-30-19	

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**NAME - Certification Worker / Licensing Specialist**  
Dezarae Wierzba

Date Issued  
8/28/2019

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

Date Signed

*Christy H. Rosenberger*

*9/11/2019*