

Date Correction Plan Due 4/8/2019	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 Trinity Learning Ctr And Preschool		Provider Number / Facility ID Number 3000559793 / 001 - 620024		
Address - Facility (Street, City, State, Zip Code) 1410 Rogers St Stevens Point WI 544813048		Telephone Number 715-344-2227	Date - Regulation Visit 3/21/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(5)(a)1. Staff File - Staff Record Information Description: Staff Record forms were not on file for Staff A and Staff B.	Form was given to Employee's to update Completed on 3-29-19	3-30-19	
2	251.04(5)(a)4. Staff File - Physical Examination Report Description: Documentation of a physical examination report was not on file for Staff C.	Employee was given instructions to get physical & T. b test within 30 days	4-8-19	

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1410 Rogers St Stevens Point WI 544813048		715-344-2227	3/21/2019	
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3 251.04(5)(a)5. Staff File - Registry Certificate, Educational Qualifications Description: Documentation of educational qualifications was not on file for Staff D.	Employee called registry and is updating the certificate	6-30-19		
4 251.04(5)(a)6. Staff File - Orientation & Continuing Education Description: Documentation of completed orientation was not on file for Staff A.	Employee is printing transcript	6-30-19		
5 251.05(2)(c)1. Continuing Education Requirement - Full Time Staff Description: Staff B did not document at least 25 hours of continuing education for the period of 03/2018-03/2019.	Employee is signing up for core-course to update hours	6-30-19		

NAME - Certification Worker / Licensing Specialist
Dezarae Wierzba

Date Issued
3/25/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Cathy Kerkowski

Date Signed

3-29-19