

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due
2/7/2019

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
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)(X) 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 noncompliances(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
Hometown Children's Center Inc
Provider Number / Facility ID Number
6000567926 / 001 - 1002057

Address - Facility (Street, City, State, Zip Code)
709 Northpoint Dr Stevens Point WI 544811083
Telephone Number
715-344-4319

Date - Regulation Visit
1/17/2019

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.07(6)(k)1. Health Examination - Children Under Age 2 Description: Documentation of a Health Examination for Child 3 was not on file. Repeat violation: Previously cited on 9/6/2017	Child # 3 - faxed form to his provider - Child # 4 faxed form to his provider	1/16/19	
2 251.07(6)(k)5. Health History Information Description: Health History and Emergency Care Plan documentation was not on file for Child 3.	gave the form to child # 3's parents - due back on his next scheduled day	1/16/19	

Name - Certified Operator / Licensed Center Hometown Children's Center Inc		Provider Number / Facility ID Number 6000587926 / 001 - 1002057	
Address - Facility (Street, City, State, Zip Code) 709 Northpoint Dr Stevens Point WI 54481083		Telephone Number 715-344-4319	
Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
Noncompliance Statement			

NAME - Certification Worker / Licensing Specialist
Dezarae Wierzbka

Date Issued
1/24/2019

SIGNATURE - Certified Operator or Designer (Licensee or Designee)

Melanie Schumacher

Date Signed

01/06/19
MS

DOF-F-CFS0234-E (R:06/2011)