

Date Correction Plan Due 6/27/2019	<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 260.04(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. 48.557. 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 6/10/2019								
	<table border="1"> <thead> <tr> <th data-bbox="297 722 383 787">Rule/Statute Number Noncompliance Statement</th> <th data-bbox="383 722 1021 787">Correction Plan</th> <th data-bbox="297 787 1500 1003">Expected Completion Date</th> <th data-bbox="1500 787 1904 1003">Verification Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="297 787 383 1003">1</td> <td data-bbox="383 787 1021 1003">           251.07(6)(j)9.            Reviewing Injury Records             Description: Medical log books were not reviewed since 10/22/2018.         </td> <td data-bbox="297 787 1500 1003">           Reviewed logs on            6/21/19.             I put a sticky note             reminder on my            computer.         </td> <td data-bbox="1500 787 1904 1003">           6/21/19         </td> </tr> </tbody> </table>	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	1	251.07(6)(j)9. Reviewing Injury Records  Description: Medical log books were not reviewed since 10/22/2018.	Reviewed logs on 6/21/19.  I put a sticky note  reminder on my computer.	6/21/19		
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NAME - Certification Worker / Licensing Specialist  
Dezarae Wierzba

Date Issued  
6/13/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Melanie M. Schmitt*

Date Signed

06/21/19