

Date Correction Plan Due 2/5/2019	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)(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 Story Book Kids		Provider Number / Facility ID Number 8000583968 / 001 - 1013512		
Address - Facility (Street, City, State, Zip Code) 658 Maple Ridge Rd Mosinee WI 544559272		Telephone Number 715-693-5580	Date - Regulation Visit 1/15/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(5)(b)1. Deteriorating Paint Description: The paint on the wooden cribs in the infant room is deteriorating. Repeat violation: Previously cited on 8/22/2016, 9/19/2017	Cribs were sanded and stained. A 3 month reminder to check all center paint will be posted dated and logged in the office	2-5-19	
2	251.06(9)(d)2.a. Food Storage - Dry Food Description: Three different opened bags of crackers were not stored in bags with zip-type closures or metal, glass, or food grade plastic containers with tight fitting covers. Repeat violation: Previously cited on 7/27/2017	Kitchen orientation was completed w/ new cook. she will have a daily checklist to initial making sure everything is labeled dated and properly stored	2-5-19	

Name - Certified Operator / Licensed Center Story Book Kids		Provider Number / Facility ID Number 8000583966 / 001 - 1013512	
Address - Facility (Street, City, State, Zip Code) 658 Maple Ridge Rd Mosinee WI 544559272		Telephone Number 715-693-5580	Date - Regulation Visit 1/15/2019
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	251.07(5)(b)1. Mealtime - Staff With Children Description: Staff were not sitting at the table with the children during mealtime in the 4K wraparound, 4K, and 3 year old classrooms.	We have instructed all of our staff to review their staff handbooks and reminded them that daily lunch procedure is to sit and eat lunch with the children	2-1-19

NAME - Certification Worker / Licensing Specialist
Kirsten Kronberger

Date Issued
1/22/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
2-1-19