

NONCOMPLIANCE STATEMENT AND CORRECTION
PLAN

Date Correction Plan Due
6/29/2018

TO FILE A COMPLAINT CALL

920-880-1211

Judy [Signature]

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.

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, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center Ms. Chloe's Nanny Service		Provider Number / Facility ID Number 6000588516 / 001	
Address - Facility (Street, City, State, Zip Code) 747 Congress St Neenah WI 549563419		Telephone Number 920-284-1802	Date - Regulation Visit 6/12/2018
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(12)(f)1-3 The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Using An Enrollment Form That Includes: 1. The Parents' Home And Work Phone Numbers, 2. Parents' Signed Consent For Emergency Medical Care, 3. A Name And Number To Call If The Child Requires Emergency Medical Care Description: Provider did not have complete enrollment forms for all children in care.	All papers were reviewed & Dr. did not need to sign immunization form Explained must have completed enrollment forms. <i>[Signature]</i>	6-20-18	

RECEIVED JUL 25 2018

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747 Congress St Neenah WI 549563419		920-284-1802	6/12/2018	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	
Verification Date				
2	<p>202.08(2)(c) The Home Shall Be Free Of Hazards And Items, Including Any Recalled Products. Items That Shall Be Kept Inaccessible To The Children Include, But Are Not Limited To, The Following: 1. Medications And Drugs. 2. Cleaning Supplies, Poisons, And Insecticides. 3. Guns, Ammunition, Knives, Scissors, And Sharp Objects. 4. Matches, Cigarette Lighters And Flammable Liquids. 5. Plastic Bags. 6. Litter And Rubbish</p> <p>Description: 1 Exposed outlet, dangling cord, serrated edged paper roll accessible in kitchen.</p>	<p>Everything was put back out of reach</p>	6-20-18	
3	<p>202.08(2)(g) The Home Shall Have At Least One Telephone In Working Order With A List Of Emergency Numbers Posted By Each Telephone, Including Numbers For The Rescue Squad, Police, Fire Station, Emergency Medical Care, Child Protective Services Agency, And Poison Control Center. The Certification Agency May Prohibit The Use Of A Cellular Phone As A Primary Phone. If A Cellular Phone Is Used As A Primary Phone, It Shall Be Operational During The Hours Of Child Care.</p> <p>Description: Provider needs to add emergency numbers with her CPS number posted.</p>	<p>Other numbers were added to wall they were in binder</p> <p><u>Must be posted LHA</u></p>	6-20-18	

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<p>4</p> <p>202.08(4)(a) Health Form: A Certified Child Care Operator Shall Have A Current Report Of A Physical Examination On File For Each Child, Including The Operator's Own Children, Who Are Not Enrolled In A Public Or Private School.</p> <p>Description: Provider missing appropriate health forms for children.</p>	<p><i>gfk</i></p> <p><i>Provider must have all required information to sign form</i></p> <p><i>Records reviewed</i></p> <p><i>Mom given extra copy</i></p>	<p><i>6-20-18</i></p>	
<p>5</p> <p>202.08(4)(e) The Certified Child Care Operator Shall Have On File A Written Record Verifying That Each Child In Care Has Been Immunized In Accordance With S. 252.04, Stats., And Ch. Hfs 144.</p> <p>Description: Not available for all children in care at time of visit.</p>	<p><i>Dr. Did not need to sign form</i></p> <p><i>Records reviewed</i></p> <p><i>mom given extra copy</i></p>	<p><i>6-20-18</i></p>	

Provider must have records for each child per S. 252.04.

JAT

NAME - Certification Worker / Licensing Specialist
Lesa Alston

Date Issued
6/12/2018

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Chloe Demerath

Date Signed
6-20-18