

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
5/21/2021

TO FILE A COMPLAINT CALL
920-886-1211

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

RECEIVED MAY 24 2021
Provider Number / Facility ID Number
6000588516 / 001

Ms. Chloe's Nanny Service

Address - Facility (Street, City, State, Zip Code)
747 Congress St Neenah WI 549563419

Telephone Number
920-284-1802

Date - Regulation Visit
5/5/2021

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(2)(e) Outdoor Play Areas Shall Be Well-Drained And Be Free Of Hazards, And Have The Following Protections In Place: Description: Brick pavers at bottom of back deck stairs presented a tripping hazard.	Moved Brick paver back into place that afternoon I also bought something to go over it. Paperwork back up to date	5-5-2021	5-12-2021
2 202.08(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. Description: Provider missing appropriate health forms		5-15-2021	5-17-2021

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 5/5/2021
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Certification Worker / Licensing Specialist
 Dana Bain *Chloe Demea*

SIGNATURE - Certified Operator or Designee / Licensed or Designee
Dana Bain

Date Issued 5/5/2021
Date Signed 5/18/2021