

Correction Plan Due
11/27/2021

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
920-785-7811

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 Tree Of Wonder Family Child Care		Provider Number / Facility ID Number 4000589354 / 001 - 2003749		
Address - Facility (Street, City, State, Zip Code) 406 Haylett St Neenah WI 549563836		Telephone Number 920-238-5113	Date - Regulation Visit 10/12/2021	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>250.04(6)(a)4m. Child Record - Immunization History Compliance</p> <p>Description: Two children were missing their immunization history in their files - see checklist.</p>	<p><i>Requested from Parents and sent a reminder</i></p>	<p><i>11/1/2021</i></p>	
2	<p>250.09(1)(c)1. Infant & Toddler - Information For Providing Individualized Care</p> <p>Description: One child was missing an intake in their file - see checklist</p>	<p><i>Sent form home with Parents to complete.</i></p>	<p><i>11/1/2021</i></p>	<p><i>11/8/21</i></p>

NAME - Certification Worker / Licensing Specialist
Jill Kellner

Date Issued
10/13/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

[Signature]

Date Signed
10/15/2021