

Date Correction Plan Due 2/10/2023	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 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 Auntie M's Child Care Center Llc		Provider Number / Facility ID Number 8000 88388 / 001 - 2002172		
Address - Facility (Street, City, State, Zip Code) 801 Roosevelt Rd Niagara WI 541511336		Telephone Number 715-251-4761	Date - Regulation Visit 1/18/2023	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: One center log book did not have documentation of a 6 month review during the visit.	We have reminders set in our computer system to complete log book reviews every five months to ensure they are getting completed.	5/15/2023	

NAME - Agency Worker
Jody Beyer

Date Issued
1/27/2023

Emily Payette

2/6/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee
DCF-F-CFS0294-E (R.06/2011)

Date Signed