Date Correction Plan Due
3/26/2021

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		Provider Number / Facility ID Number		
Dis	cover Little Miracles Child Care	6000559046 / 004 - 1009611		
Address - Facility (Street, City, State, Zip Code) 1421 S Commercial St Neenah WI 54956		Telephone Number 920-722-5159	Date - Regulation Visit 10/19/2020	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Per document review, no staff sign in/out sheets were available for the weeks of Sept 28th Oct 9th documenting the days and hours staff worked, and in which classroom, when the person was included in the staff-to-child ratio. Repeat violation: Previously cited on 1/18/2019	We will have staff Skin infat sheets much each week	3/22/21	

NAME - Certification Worker / Licensing Specialist	Date Issued		
Ruth Sprangers	3/12/2021		
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed		
	7701		

DCF-F-CFS@284-E (R.06/2011)