DEPARTMENT OF CHILDREN AND	AMILIES
Division of Early Care and Education	

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
1/9/2024	PLAN	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.

Nam	e - Certified Operator / Licensed Center	Provid	ler Number / Facility ID Nu	mber	
	scover Little Miracles Childcare 6000559046 / 005 - 2006686				
	ress - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation	Visit	
1554	S Commercial St Neenah WI 549564802	920-663-3833	12/14/2023		
	Rule/Statute Number	Correction Plan	Expected	Verification	
	Noncompliance Statement		Completion Date	Date	
1	251.09(4)(a)3. Infant & Toddler - Diaper Changing Surface Disinfection Description: New center cleaner/disinfectant solution failed to be used in a two step cleaning and disinfecting process for diapering as required- not all diapering rooms were following the 2-step process.	Each disinfection bottled will be marked w/ 2-step instructions AND staff will be retrained	12/29/23		
		on the use.			

NAME - Agency Worker	Date Issued	
Ruth Sprangers	12/26/2023	
SIGNATURE Gertified Operator or Designee / Licensee or Designee DCF-F-CFS0294-E (R.06/2011)	Date Signed Page 1 of 1	