

Date Correction Plan Due 9/6/2019	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811 SEP - 9 2019
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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 Discover Little Miracles Child Care		Provider Number / Facility ID Number 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 8/22/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(5)(a)4. Staff File - Physical Examination Report Description: Of 15 Staff Records reviewed 2 were missing documentation of an exam.	PHYSICALS WILL BE SCHEDULED AND COMPLETED	11/25/19	
2	251.04(5)(a)6. Staff File - Orientation & Continuing Education Description: Of 15 Staff Records reviewed 4 were missing documentation of orientation and 3 were missing documentation of the required number of continuing education hours for 2018.	MISSING RECORDS WILL BE LOCATED AND PUT INTO FILES.	11/25/19	

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3	251.04(8)(b) Biennial Training - Child Abuse & Neglect Description: Of 15 Staff Records reviewed 2 were missing documentation of biennial training.	CLASS WAS SCHEDULED AND COMPLETED IN LATE AUGUST FILES WILL BE UPDATED	10/31/19	
4	251.05(1)(b) Shaken Baby Syndrome Prevention Training Description: Of 15 Staff Records reviewed 1 was missing documentation of SBS training.	SBS WILL BE COMPLETED AND ADDED TO FILE	10/31/19	
5	251.05(1)(c) Cardiopulmonary Resuscitation Training Description: Of 15 Staff Records reviewed 10 were missing documentation of current CPR certification.	C.P.R. CERTIFICATES ARE LOCATED AND WILL BE PLACED IN FILES	10/31/19	
6	251.05(1)(e)1. Center Director - Designation Description: The licensee shall designate a person to be the center director for the center location. A new qualified center director has not been designated since the previous directors resignation earlier this year.	CENTER DIRECTOR HAS BEEN CHOSEN, PAPER WORK TO CONFIRM REGISTRY LEVEL & EDUCATION REQUIREMENTS WILL BE FORWARDED.	10/31/19	

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7	251.08(3)(b) Driver Record - Obtain & Review Description: The center failed to have a current/annual driver record check for its drivers.	DRIVER CHECK WILL BE PROCESSED AND ON FILE FOR REVIEW.	10/ 31/ 19

NAME - Certification Worker / Licensing Specialist
Ruth Sprangers

Date Issued
8/23/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Michael A. Spranger

9-4-19