

Date Correction Plan Due 3/26/2021	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 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 2/12/2021	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.04(2)(m) Health, Safety & Welfare Of Children</p> <p>Description: In pertinent part, the licensee shall ensure that any action, by commission or omission, or any condition or occurrence relating to the operation or maintenance of the childcare center does not adversely affect the health, safety or welfare of any child under the care of the licensee.</p> <p>The center was not following the mask mandate when staff were observed not wearing masks while caring for children or interacting with adults at the center.</p>	<p>Make sure all staff who are able to do so, have masks on as long as mandate is in effect.</p>	3/22/21	

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2	<p>251.04(3)(m) Report - Communicable Disease</p> <p>Description: In accordance with DCF 251.04(3)(m) licensees are required to report to the department, within 24 hours after the center has been notified of the diagnosis, any confirmed case of a communicable disease in a child enrolled or any person in contact with children at the center.</p> <p>The facility failed to self-report 4 staff cases that tested positive of Covid-19, a communicable disease from 1/23/21 to 1/30/21 prior to being questioned during a 2/12/21 licensing visit.</p>	CC [REDACTED] on emails sent to the Neenah Health Department	3/18/21

NAME - Certification Worker / Licensing Specialist
Ruth Sprangers

Date Issued
3/12/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

7-7-21