## DEPARTMENT OF CHILDREN AND FAMILIES Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL	
1/19/2022	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	Provider Number / Facility ID Number 6000559046 / 004 - 1009611		
Disc	cover Little Miracles Child Care			
Address - Facility (Street, City, State, Zip Code) 1421 S Commercial St Neenah WI 54956		Telephone Number 920-722-5159		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)2. Staff Record - Completed Background Check	Oue February 2, 2022 Get finger pronts taken - Appt was on 1/25/22	1/28/2022	
	Description: FBI fingerprint background check missing for 1 individual	- Appt 0005 Stripes 201222 - Preliminary already		
	Repeat violation: Previously cited on 12/15/2021, 11/16/2021	Back + in Staff U file - 1/20/22		

NAME - Certification Worker / Licensing Specialist	Date (ssued
Stephanie Pratt	1/19/2022
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed / 28 / 20 Z Z
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