

Date Correction Plan Due 3/5/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
---	--	---

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 Little Angels Daycare		Provider Number / Facility ID Number 6000572436 / 002 - 1016118		
Address - Facility (Street, City, State, Zip Code) N3902 Shattuck St Medford WI 544518764		Telephone Number 715-748-2746	Date - Regulation Visit 2/19/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child 8 did not have an updated health report on file.	Print out Health report- Give to parents to have Completed.	3/19/24	
2	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child 7 did not have a child health report on file.	Print out Health report Give to parents to have Completed.	3/19/24	
3	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Child 6 and Child 7 did not have immunization records on file.	Print out immunization records + give to parents to have Completed.	3/19/24	

Name - Certified Operator / Licensed Center

Little Angels Daycare

Provider Number / Facility ID Number

6000572436 / 002 - 1016118

Address - Facility (Street, City, State, Zip Code)

N3902 Shattuck St Medford WI 544518764

Telephone Number

715-748-2746

Date - Regulation Visit

2/19/2024

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

NAME - Agency Worker

Bonnie Davis

Date Issued

2/20/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Sheila Krueger

Date Signed

2-21-24