

Date Correction Plan Due 8/26/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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 Brenda's Lil Angels Family Daycare	Provider Number / Facility ID Number 7000561597 / 001 - 2001155
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Address - Facility (Street, City, State, Zip Code) 48866 State Highway 13 Ashland WI 548062179	Telephone Number 715-685-4435	Date - Regulation Visit 8/8/2024
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	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 1 did not have an updated health report on file.	<i>This child has an appt. set w Doctor for 9/16/24 and I will email a copy next day.</i>	<i>9/17/24</i>	
2	250.05(2)(a) Staff File - Staff Record Form Description: Staff A did not have a staff record form on file.	<i>File has been made</i>	<i>Completed 8/25/24</i>	
3	250.05(2)(d)1. Staff File - Physical Examination - Form Description: Staff A did not have a staff health report on file.	<i>Cont. Looking for Bin of Paperwork that is missing. If not found I will have to make new appts to re-do these</i>	<i>Expected by 9/30/24</i>	

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Brenda's Lil Angels Family Daycare

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Date - Regulation Visit

8/8/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
4	250.05(2)(d)1.a. Staff File - Physical Examination - Illness Description: Staff A did not have a health form or medical documentation on file showing she is free from illness.	Cont. Looking for Bin of Paperwork that is missing, if not found I will have to make new appts to re-do these.	Expected by 9/30/24	
5	250.05(2)(d)1.b. Staff File - Physical Examination - Physical Ability Description: Staff A did not have a health form or medical documentation on file showing she is physically able to care for children.	Cont. Looking for Bin of Paperwork that is missing, if not found I will have to make new Appts to re-do these	Expected by 9/30/24	
6	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Staff A did not have documentation on file showing she completed child abuse and neglect training.	Completed online 8/25/24	Completed 8/25/24	

IAME - Agency Worker
Ionnie Davis

Date Issued
8/12/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

BKM Mattson

Date Signed

8/24/2024