DEPARTMENT OF CHILDREN AND FAMILIES Division of Early Care and Education

STATE OF WISCONSIN

Reusen Citation Rec. 12/16/20

Date Correction Plan Due 12/2/2020

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 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

•		ider Number / Facility ID Number 0575810 / 001 - 1007176	
Address - Facility (Street, City, State, Zip Code) 1303 American Dr Neenah WI 54956	Telephone Number Date - Regulation Visit 920-725-1200 11/17/2020		
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(2)(m) Health, Safety & Welfare Of Children Description: On November 16, 2020, a staff member fed an infant the wrong bottle containing breast milk. The infant consumed 2 ounces of the bottle that belonged to another child enrolled at the center. The violation is the result of a self-reported incident by the center as required by licensing.	All employees are trained on our current policy regarding breast milk, labeling, storage & infant feedings. Employees are trained prior to feeding an infant to verify with another teacher, the infant & the bottle. We feel our current policy is effective & will continue to be followed. Center will continue to train all staff on our policies & will continue to be more observant & attentive. Following this incident, All employees working in our infant rooms were retrained on our breast milk policies immediately.	11/17/2020 REC	EIVED
APOloGiec for delay in Returning , Dire. CS. still on Med. 1	eave. As of 12/29/20	JAN - DEPT OF CHILDI NORTHEASTI	1 2021 REN & FAMILIES
IAME - Certification Worker / Licensing Specialist		Date Issued 11/18/2020	

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

12/28/2020