

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

## NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

**TO FILE A COMPLAINT CALL**  
920-785-7811

**Date Correction Plan Due**  
8/9/2024

**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)(l) 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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>	
Angel Corner Daycare		6000585806 / 001 - 1015628	
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>
30 Welcome Cir Appleton WI 54915		920-381-5658	7/16/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.07(6)(b)3.c. <b>Medical Log Book - Medication Dispensed</b>  Description: Medication administered to children failed to be logged in the medical log book as required. It was being logged on a county certification sheet.	In the Future medication's given will be documented in the center medical logbook and will be sent home Daily. Instead of sealed closed container (label) and child's name on it!	8-16-2025
2	250.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b>  Description: Medication authorizations forms from parents were incomplete.	all medical forms will be completed fully by parent's Daily when children (child) has needed	6-16-2025

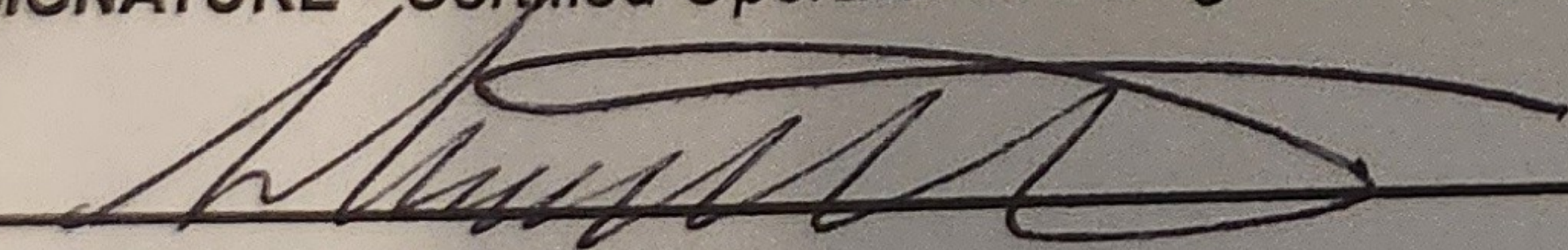
Name - Certified Operator / Licensed Center Angel Corner Daycare / <i>Temporarily closed</i>		Provider Number / Facility ID Number 6000585806 / 001 - 1015628	
Address - Facility (Street, City, State, Zip Code) 30 Welcome Cir Appleton WI 54915		Telephone Number 920-381-5658	Date - Regulation Visit 7/16/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	250.07(7)(a) Pets & Animals - Health & Immunization  Description: Provider failed to have documentation of current rabies vaccination for the household cat accessible to children.	will have posted on Board at all times  - Buttercup NO longer with us. <i>act</i>	6-16-2025
			Verification Date

NAME - Agency Worker  
Ruth Sprangers

Date Issued  
7/26/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



*temporarily closed*

6-16-2025