Date Correction Plan Due 6/3/2019

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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number			
4 ÇI	nild's Imagination Inc	10005	1000561081 / 002 - 1005645		
Address - Facility (Street, City, State, Zlp Code) 1368 Cold Spring Rd Neenah WI 54956		Telephone Number 920-729-6153	Date - Regulation Visit 4/22/2019		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1	251.04(3)(i) Report - Unknown Whereabouts Or Left Premise Description: The licensee did not think she needed to report an incident that occurred on 6/14/18 to the department when a child care provider was not aware of a 15 month old child's whereabouts when the provider left a child in the building when she and the remainder of the class went to the outdoor play space. A child care teacher heard the child outside of her classroom and returned the child to her group.	there was another teacher in the room by where the child was, in the hallway. Child was not alone in the building there forc I did feel the need to report.	no date of Completion. Date of report 6/3/19		
2	251.04(8)(b) Biennial Training - Child Abuse & Neglect Description: Of 10 Staff Records reviewed 8 were missing documentation of blennial child abuse and neglect training.	Completed 4/29/19			

Nam	e - Certified Operator / Licensed Center	Provider Number / Facility ID Number 1000561081 / 002 - 1005645		
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g orge xel	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(f) Child Tracking Procedure Description: On June 14, 2018, A child care worker failed to implement the centers procedure of tracking children using a name to face count resulting in a 15 month old child being left in the center while the worker and the remainder of the group went to the outdoor play space. A child care teacher heard the child outside of her classroom and returned the child to her group.	Teacher was reprimended for this incident in accordance with the centers employee disciplinary action procedures.	6/15/18	

NAME - Certification Worker / Licensing Specialist Ruth Sprangers

Date Issued 5/20/2019

SIGNATURE - Certified Operator or Designee Licensee or Designee

Date Signed