

Date Correction Plan Due 12/10/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 Cuddle Care Of Howard		Provider Number / Facility ID Number 3000591803 / 001 - 2007030		
Address - Facility (Street, City, State, Zip Code) 1765 Velp Ave Green Bay WI 543036445		Telephone Number 920-494-1156	Date - Regulation Visit 10/31/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)1. Staff Record - Personal Information Description: Of 2 Staff Records reviewed 1 was missing information such as that found on a staff record form.	staff record was added to staff file.	11/01/2024	
2	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Of 2 Staff Records reviewed both were missing documentation of an exam within 30 days of hire as required.	Staff Health records was added to staff files.	11/11/2024 11/13/2024	

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3	251.05(2)(a)8. Staff Record - Orientation Description: Of 2 Staff Records reviewed 1 was missing documentation of orientation.	Staff orientation record added to staff file.	11/01/2024	
4	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Of 2 Staff Records reviewed 1 was missing documentation of current CPR training/completion within 3 months of hire.	Staff CPR Training was added to staff file.	11/04/2024	
5	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Of 2 Staff Records reviewed 1 was missing of Child Abuse and Neglect training.	Staff Biennial training was added to staff file.	11/01/2024	
6	251.07(4)(c) Naps Or Rest Periods - Sleeping Surfaces - Children Under 1 Description: Cribs in the infant room failed to be placed end to end with a solid barrier in between as required.	cribs are placed end to end with a solid barrier.	11/01/2024	

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7	251.09(4)(c) Infant & Toddler - Diapering & Food Preparation Description: The infant room failed to have a solid barrier between the diapering area and any food preparation area after changes had been made to the sink/vanity area.	Plastic barrier was added to the sink to separate the diapering area from any food preparation.	12/02/2024
			Verification Date

NAME - Agency Worker
Ruth Sprangers

Date Issued
11/26/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

12/02/2024