

<b>Date Correction Plan Due</b> 3/24/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Miracle Moments		<b>Provider Number / Facility ID Number</b> 2000592572 / 001 - 2007715	
<b>Address - Facility (Street, City, State, Zip Code)</b> 102677 Century Rd Spencer WI 544793414		<b>Telephone Number</b> 715-207-1293	<b>Date - Regulation Visit</b> 3/7/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	250.06(3)(b) <b>Emergency Plans - Practice</b>  Description: Per interview with provider, fire drills were not practiced on January or February 2025. There was no documentation of the drills being practiced.	In regards to our Emergency Plans, I have added both fire + tornado drills to the daily attendance sheet. I have also set an alarm for the first week of every month to go off as an additional reminder.	3/10/2025
2	250.07(6)(g)1. <b>Hand &amp; Face Washing</b>  Description: Per observation, children's hands were not washed before eating a snack. Per interview with Provider, children have not been washing their hands before meals or snacks. Some children over 1 year of age are also only using wipes to clean hands after toileting.	In regards to Hand + Face Washing, I have started a routine to wash hands before meals. I have also posted the appropriate steps to toileting/hand washing next to changing areas.	4/07/2025

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3	250.07(6)(g)6. <b>Handwashing For Persons Working With Children</b>  Description: Per interview with Provider, she has not been washing her hands before diaper changes. She has also used wipes on her hands after diaper changes instead of washing hands with soap and running water. Per observation, Provider did not wash hands after wiping a child's nose.	In regards to Employer Hand Washing, I have posted the appropriate steps to toileting/hand washing next to changing areas. I also added more gloves to changing areas. I will continue to be more mindful of all hand washing times.	3/10/2025

**NAME - Agency Worker**  
Bonnie Davis

**Date Issued**  
3/10/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*Tanya Nigora*

**Date Signed**

3/10/2025