

Date Correction Plan Due 5/21/2019	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 Uw Oshkosh Children's Learning And Care Center		Provider Number / Facility ID Number 4000559624 / 029 - 420113		
Address - Facility (Street, City, State, Zip Code) 608 Algoma Blvd Lincoln Hall Oshkosh WI 549013502		Telephone Number 920-424-0260	Date - Regulation Visit 4/22/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(2)(h)2. Policy Submitted & Implemented - Personnel Description: Staff were not signing in and out of the Hi Mamma app to show that they were counted in ratios.	Staff are using the app to sign in and out and transfer to another room	4/23/19	
2	251.05(4)(b) Staff-To-Child Ratios - Minimum Description: The facility has been over in staff-to-child ratios for short periods of time since January 2019.	Staff were not using app to sign in/out. Ratios were maintained but unable to document	4/23/19	

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3	251.09(1)(d) Infant & Toddler - Assignment To Room & Caregiver Description: Toddlers were moved over spring break week April 3-7 to adjust for staff to child ratios.	Groups were combined to maintain ratios. Admin staff covered in classes as needed.	4/23/19

NAME - Certification Worker / Licensing Specialist
Jill Kellner

Date Issued
5/7/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

DCP-F-CFS0294-E (R.06/2011)