

Date Correction Plan Due 8/28/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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.

Name - Certified Operator / Licensed Center Nannies Day Care	AUG 26 24	Provider Number / Facility ID Number 4000582394 / 001 - 1011797
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Address - Facility (Street, City, State, Zip Code) 1181 1St Ave N Park Falls WI 545521318	DCF - NRO	Telephone Number 715-762-2418	Date - Regulation Visit 8/13/2024
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child 9 did not have an updated health report on file.	Parent of child was informed and an appt. has been made. I will continue to update my files and keep an eye on upcoming physical dates.	9/9/24	
2	251.06(11)(b)7. Outdoor Play Space - Enclosure Description: The permanent enclosure has several areas where there are open areas greater than 4 inches.	All gaps will be taken care of and get will be closely monitored to ensure this problem does not occur again.	9/30/24	

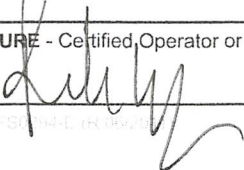
Name - Certified Operator / Licensed Center Nannies Day Care		Provider Number / Facility ID Number 4000582394 / 001 - 1011797	
Address - Facility (Street, City, State, Zip Code) 1181 1St Ave N Park Falls WI 545521318		Telephone Number 715-762-2418	Date - Regulation Visit 8/13/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: Child 1 did not have documentation of changes in development which are required to be updated every 3 months.	Intake forms will be done on a routine schedule and maintained	8/15/24
			Verification Date

NAME - Agency Worker
Bonnie Davis

Date Issued
8/14/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



8/22/24