

Date Correction Plan Due 12/17/2024	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 Nala's Nook		Provider Number / Facility ID Number 0000591720 / 001 - 2006932		
Address - Facility (Street, City, State, Zip Code) 625 New York Ave Oostburg WI 530701203		Telephone Number 920-980-6578	Date - Regulation Visit 12/2/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2)(b) Staff File - Background Check Results Description: Based upon record review, a staff member on premise did not have results of the background check available during the visit.	Miscommunication, director thought staff completed background check when director sent to staff. Re-entered information and resubmitted paperwork.	12.3.24	
2	250.05(3)(g) Provider Training - Abusive Head Trauma Description: Based upon record review, a provider on premise did not complete Abusive Head Trauma prior to working with children under the age of 5.	New staff was signed up for class. New staff to complete within a week.	12.12.24	

NAME - Agency Worker
Amanda Holz

Date Issued
12/3/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
2.20.25

Brittany Reindl