

Date Correction Plan Due 11/14/2024	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 Advocap Inc.-Ripon		Provider Number / Facility ID Number 2000577932 / 009 - 2006596		
Address - Facility (Street, City, State, Zip Code) 400 W Oshkosh St Ripon WI 549711067		Telephone Number 920-539-5462	Date - Regulation Visit 10/29/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.05(2)(a)6. Staff Record - Days & Hours Worked</p> <p>Description: Based upon observation on October 29, 2024, a child care worker was not signed into ratio during the visit.</p> <p>CORRECTED DURING VISIT.</p>	<p>251.05(2)(a)6. Staff record – Days & Hours Worked. Yellow Face to Name sheets (form 1302.47dd FTN) are to be updated throughout the day by staff. Staff entering the classroom must sign in and write the time in or out on the Face to name sheet. The Face to Name Sheets is monitored using Transition Monitoring Log (form 1302.47ee). The HS MGMT Team will monitor FTN sheets throughout regular monitoring schedule as well as on a random basis.</p>	10/29/24	
2	<p>251.07(4)(e) Naps Or Rest Periods - Bedding Maintenance, Storage, Cleanliness</p> <p>Description: Based upon observation on October 29, 2024, the cots in the classroom were not covered while not in use.</p>	<p>Per 251.07(4)(e) Nap or Rest Period – Bedding Maintenance, Storage, Cleanliness. All cots will be covered with a sheet when not in use.</p>	11/5/24	

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NAME - Agency Worker
Jamie Brandt

Date Issued
10/31/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

11-4-24