Date Correction Plan Due
11/13/2024

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
Mommy And Me Child Care Center

Provider Number / Facility ID Number
1000587851 / 001 - 2001380

Address - Facility (Street, City, State, Zip Code)
2615 E Greenleaf Dr Appleton WI 549137321

Telephone Number
920-851-6511

Date - Regulation Visit
10/30/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(8) **Mandated Reporting - Child Abuse & Neglect** Description: Based on record review on 10/30/24 according to the Staff Record Checklist Staff Member B failed to have Biennial Child Abuse and Neglect on file prior to working with children.	Staff member B will take CAB training	11/10/24	
2	250.05(2)(a) **Staff File - Staff Record Form** Description: Based on record review on 10/30/24 according to the Staff Record Checklist Staff Member B failed to have a Staff Record Form on file.	Staff member B will complete the staff record form	12/01/24	

Name = Certified Operator / Licensed Center

Mommy And Me Child Care Center

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(2)(b) **Staff File - Background Check Results** Description: Based on record review on 10/30/24 according to the Staff Record Checklist Staff Member B failed to have a Complete Background Check on file prior to working with children.	Staff member B will have a background check completed	12/01/24	
4	250.05(2)(g) **Staff File - Orientation** Description: Based on record review on 10/30/24 according to the Staff Record Checklist Staff Member B failed to have Orientation on file prior to working with children.	Staff member B will complete the orientation checklist	12/01/24	
5	250.05(3)(g) **Provider Training - Abusive Head Trauma** Description: Based on record review on 10/30/24 according to the Staff Record Checklist Staff Member B failed to have Abusive Head Trauma Training on file prior to working with children.	Staff B will take the Abusive Head Trauma Training.	12/01/24	

NAME - Agency Worker
Cassandra Debauche, Clint Smith

Date Issued
10/30/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Dawn Miller

Date Signed
11/08/2024