

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
2/28/2024

TO FILE A COMPLAINT CALL
715/839-1082

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

Provider Number / Facility ID Number

Michelle Wentz

3000579143 / 001

Address - Facility (Street, City, State, Zip Code)
221 Summit Ave Chippewa Falls WI 547293145

Telephone Number
715-404-0096

Date - Regulation Visit
12/20/2023

Rule/Statute Number Noncompliance Statement

Correction Plan

Expected Completion Date

Verification Date

1

202.08(5)(i)
The Certified Child Care Operator Shall Keep Current And Accurate Written Records Of The Daily Hours Of Attendance Of Each Child In Care, Including The Actual Arrival And Departure Time Times For Each Child. If Children Are Transported To Or From The Premises Or School By The Operator Or Another Provider On Behalf Of The Operator, The Daily Attendance Record Shall Include The Actual Time The Child Was Picked Up Or Dropped Off.

Remind parents to sign their children in + out. That's it.
Not really something that was necessary for a non compliance considering that was it. In the whole 20 years of doing daycare!!

No DATE TO GIVE.
THIS WAS child of 1 child of 1
I sign and you sign
a sign for a sign
This is a sign
This is a sign

Description: No evidence of sign out time for Child B on 12/18/23 or sign in time for Child B on 12/20/23.

Identified to the Provider by the Sign In/Sign Out sheet and by the Standards and Checklist.

Name - Certified Operator / Licensed Center Michelle Wentz		Provider Number / Facility ID Number 3000579143 / 001	
Address - Facility (Street, City, State, Zip Code) 221 Summit Ave Chippewa Falls WI 547293145		Telephone Number 715-404-0096	Date - Regulation Visit 12/20/2023
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
		RECEIVED EC COUNTY DEPT OF HUMAN SERVICES MAR 04 2024	

Date Issued
2/14/2024

Date Signed
2/27/24

NAME - Agency Worker
 Melony Martin

SIGNATURE - Certified Operator or Designee / Licensee or Designee