Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
7/5/2021	PLAN	262-446-7800

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 and your appeal rights.

STATE OF WISCONSIN

Name - Certified Operator / Licensed Center One Step Ahead Children Ctr Llc		Prov	Provider Number / Facility ID Number		
		JUL 2 2021 4000	4000587984 / 001 - 2001324		
	ress - Facility (Street, City, State, Zip Code)  0 Douglas Ave Racine WI 534042722	SOUTHET SPENONE Number OFFICE 262-637-4909	Date - Regulation Visit 6/18/2021		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1	251.04(6)(a)6m.  Child Record - Immunization History  Description: Documentation of immunizations on was not observed for a child.  Repeat violation: Previously cited on 8/28/2019	Have parents turn in Immunization records Within a month of Start date.	6.30.21		
2	251.07(6)(f)1.a.  Medication Administration - Parent Authorization  Description: Documentation of specific times for a medication to be administered was not observed for:  Children□s Tylenol when it was listed □as needed□.  Children□s Ibuprofen when it listed □as needed□ for teething	Have parents be specific on times the medication needs to be administered we started having the Parents fill out daily Authorization forms for medication dosage.	١		

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Address - Facility (Street, City, State, Zip Code) 1630 Douglas Ave Racine WI 534042722	Telephone Number 262-637-4000		
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
251.07(6)(f)6.  Current Authorizations For Medications On Premises  Description: A current authorization was not observed for TopCare pain and fever reliever and Zarbees Cough Syrup.	Make Sure all Classrooms have an authorization form for all medication	<b>1</b>	
251.07(6)(g)3. Sunburn Protection  Description: Sunscreen was observed in the Black Room with no child s name on it.	Label all medications.  Lotions or anything  that is being applied  to children.	6 30 21	

NAME - Certification Worker / Licensing Specialist Colleen Hanser

Date Issued 6/21/2021

SIGNATURE - Certified Operator or Designee / Licensee of Designee

Date Signed

6.21.2021

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