

Date Correction Plan Due 6/19/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 262-446-7800
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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 ~~RECEIVED~~ impose a regulatory 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 St John Child Day Care And Dev Ctr		<b>JUN 18 2024</b>		Provider Number / Facility ID Number 4000564004 / 001 - 220455	
Address - Facility (Street, City, State, Zip Code) 4850 S Lake Dr Cudahy WI 53110		SOUTHEASTERN REGIONAL OFFICE DCF DECE BECR		Telephone Number 414-482-0554	
				Date - Regulation Visit 5/22/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>	
1	251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: Staff files reviewed and all staff did not have documentation of updated biennial child abuse and neglect training on file for review during licensing visit.  Repeat violation: Previously cited on 4/19/2023	All staff files will be reviewed and updated to reflect the Child Abuse and Neglect training.	8-30-2024		
2	251.06(10)(dm)1. <b>Washrooms - Sanitary Conditions</b>  Description: The boys toilet in the 3-4yo room was observed with an abundance of toilet paper in it and required flushing.	Staff will check bathrooms regularly to make sure children have flushed.	5-22-2024		

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3	251.06(10)(f) Bathroom Supplies  Description: There was no toilet paper in the boys bathroom in the 3-4yo room.	Maintenance person and staff will check regularly to make sure bathrooms have the needed supplies	5-23-2024	
4	251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers  Description: The thermometer in the toddler room freezer is not functioning properly.	A replacement thermometer will be purchased.	5-22-2024	
5	251.06(9)(d)2.a. Food Storage - Dry Food  Description: An open bag of sugar was observed in the toddler room refrigerator that was not stored in a zip lock bag or food grade storage container.	Staff will be instructed that all open food items be placed in a container or ziplock bag.	5-22-2024	
6	251.08(4)(c)1. Driver Record - Obtain & Review  Description: The annual driving records for two identified driver□s have not been updated annually (last dated 11/2022).	A new request for driver records will be submitted.	5-23-2024	

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7	<p>251.08(5)(a)2. Vehicle Requirements - Interior Condition</p> <p>Description: The interior of the van used to transport children was observed to have debris on the floor and requires cleaning.</p> <p>Repeat violation: Previously cited on 4/19/2023</p>	The van floors will be cleaned immediately and kept cleaned moving forward.	6-3-2024	
8	<p>251.09(1)(L) Infant &amp; Toddler - Soft Materials In Cribs</p> <p>Description: Blankets were hanging on the side of two cribs in the infant room where children were sleeping.</p> <p>Repeat violation: Previously cited on 4/19/2023</p>	Staff will be reminded that children must be visible in their cribs	5-22-2024	
9	<p>251.09(3)(a)2. Infant &amp; Toddler - Food &amp; Formula Brought From Home</p> <p>Description: Open cans of infant formula were not dated in the infant room.</p> <p>Repeat violation: Previously cited on 9/9/2022</p>	Staff will be reminded that infant formula should be dated as it is brought in.	5-22-2024	
10	<p>251.09(4)(a)5. Infant &amp; Toddler - Soiled Diapers Disposal</p> <p>Description: The cover to the diaper changing container in the toddler room was missing.</p>	A new diaper can will be purchased to replace the broken one.	5-22-2024	

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NAME - Agency Worker  
Laura Taylor, Charlene Langsdorf

Date Issued  
6/5/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Karen S Erickson*

Date Signed  
6-13-2024

VEHICLE SAFETY INSPECTION

**Use of form:** Use of this form is mandatory to comply with HFS 45.08(4)(b), HFS 46.08(7)(a), HFS 52.47(6)(a)1. and HFS 55.09(3)(b). Failure to comply may result in issuance of a noncompliance statement. Personally identifiable information gathered on this form will be used only to verify compliance with licensing rules.

**Instructions:** At the intervals specified by the specific rules, the licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the Licensing Specialist.

Name - Facility St. John Day Care & Development Center

Type  Family Child Care  Group Child Care  Day Camp  RCC for Children and Youth

Vehicle - Year 2011 Make Ford Model E-350 Color White Odometer Reading 62422 License Plate Number 149-TJH

Name - Inspecting Company or Agency Jeff's Automotive Name - Inspector Tommy Samolyk Telephone Number (414) 294-0444

Address 5261 S. Nicholson Ave. City Cudahy State WI Zip Code 53110

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
<b>BRAKES</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>SAFETY FEATURES</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>SUSPENSION</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>WIPERS / WIPER BLADES</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>STEERING</b>	<input type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>TIRES - FRONT</b>	Lft	Rt
13. Power system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	29. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>EXHAUST SYSTEM</b>	<input type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>TIRES - REAR</b>	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			33. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			34. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Brief Comments - Refer to Item Number

SIGNATURE - Inspector [Signature] RECEIVED STATE OF WISCONSIN JUN 18 2024 Date - Inspection 6 18 24

SOUTHEASTERN REGIONAL OFFICE  
 DCF DECE BECR