Date Correction Plan Due NONCOMPLIANCE S 12/15/2022	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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.	staff to identify statute and / or administrative rule violation(s) and to outline to meet the requirements of DCF 202.065, DCF 250.04(2)(i) and (3)(d), DCF by the due date listed above may result in sanctions identified in the statute z	rule violation(s) and to outline imposed plans of correction, if applicable. F 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) ctions identified in the statute and / or administrative rule. Public Schools
fies the violation(s) of the steps that v fination / licensing	of child care statute and / or administrative rule II be taken to address and correct each of the II	or administrative rule identified by the certification / licensing specialist. orrect each of the listed noncompliance(s). Identify expected completion
nt and correction plan near the license in accordance s. Stat. 48.715. If the department decides to apply a s 1/or penalty and your appeal rights		request for a correction plan is not an order imposing a sanction or for facts arising from this finding or a future finding, you will be given a
Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number
Angel Care		6000563326 / 001 - 225885
Address - Facility (Street, City, State, Zip Code) 5736 W Brown Deer Rd Brown Deer WI 53223	Telephone Number 414-371-9868	Date - Regulation Visit 11/28/2022
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Verification
1 251.04(6)(a)6. Child Record - Health History	Child Record has be	····· · · · · · · · · · · · · · · · ·
Description: Child 2's health history and emergency care plan is incomplete nothing is checked in section 1 as to whether Child 2 has any special medical condition(s).		
Repeat violation: Previously cited on 12/2/2021		
2 251.04(8)(b) Biennial Training - Child Abuse & Neglect	staff C+D have	10/11/2
Description: Staff C and Staff D do not have documentation of a biennial child abuse & neglect training in the staff record.	Led PHC	child and the first
Repeat violation: Previously cited on 12/2/2021	the file file	

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AND REPAIRS AND READ

5736 W Brown Deer Rd Brown Deer WI 53223	Telephone Number 414-371-9868	Date - Regulation Visit 11/28/2022
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3 251.05(2)(a)3.a. Staff Record - Physical Examination	Appointment was	50/12/12/
Description: Staff D does not have documentation of a physical examination report more than 30 days after Staff D was hired as required.	made and will be done 12/13/22	
Repeat violation: Previously cited on 12/2/2021		
4 251.05(3)(c) Cardiopulmonary Resuscitation Training	was completed	
Description: Staff D does not have documentation of a current CPR certificate within 3 months after beginning to work with children in care as required.	and put in File	12/11/22
Repeat violation: Previously cited on 12/2/2021		
5 251.05(4)(a) Staff Orientation - Develop, Implement, Document	nrinentation	12/11/22
Description: Staff C and Staff D do not have documentation of a written orientation (staff orientation checklist) on file at the center.	completed	
Repeat violation: Previously cited on 12/2/2021		

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the pass - Facility (Streat Dity State 7th Doub)	
5736 W Brown Deer Rd Brown Deer WI 53223	Telephone Number 414-371-9868
Rule/Statute Number	Correction Plan
251.06(9)(d)1.b. Food Storage - Refrigeration Units	Refrigerater
Description: On 11/28/22, the thermometer in the refrinerator in the	hus been turned
infant room (Teddy Bear Room) read 50 degrees Fahrenheit.	Nows to cooler
	Ø
251.06(9)(g)1.d. Meal Preparation Staff - Orientation, Training	Staff B will
Description: Staff B, identified as the cook, does not have a current	enroll in class
annual training of at least 4 hours in kitchen sanitation, food handling, and nutrition. The most recent training on file for Staff B was	and will be
completed on 11/01/21.	completed of
· · · · · · · · · · · · · · · · · · ·	1-20-2023
251.07(6)(dm)1. Medical Log Book	No dina / Jone bax
Description. The teacher in the infant many (Table 1	L
unable to locate the medical log book for licensing review.	hus been put
Repeat violation: Previously cited on 12/2/2021	in Teddy bear

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SIGNA	NAME - Age Daniel Noel				· · · · ·	10			Q		Adc 573	Ang
COUNT Marker	NAME - Agency Worker Daniel Noel		Description: A bottle of infant Tylenol in the infant room (Teddy Bear Room) is not labeled with the child's name.	251.07(6)(f)1.b. Medication Administration - Containers & Labeling	Description: There is a bottle of children's liquid Acetaminophen medication in the infant room (Teddy Bear Room) labeled with a child's name. The child does not have documentation of written parent authorization for the medication.	251.07(6)(f)1.a. Medication Administration - Parent Authorization	Repeat violation: Previously cited on 12/2/2021	Description: Injury record reviews are not documented every 6 months in the medical log book in the Tadpole Room. The last documented review of injury records was on 12/20/21.	251.07(6)(dm)4. Medical Log - Reviewing Injury Records	Rule/Statute Number Noncompliance Statement	Address - Facility (Street, City, State, Zip Code) 5736 W Brown Deer Rd Brown Deer WI 53223	Name - Certified Operator / Licensed Center Angel Care
10				mediculian mus	teacher sent nome troucher thus been told to huve parents	All medicution hus		peen completed		Correction Plan	Telephone Number 414-371-9868	90 Jad
A/7/2022	Date Issued 11/30/2022	· · · · · · · · · · · · · · · · · · ·	-	11/30/22		11/27/04		11/50/24		Expected Verification	Date - Regulation Visit 11/28/2022	Provider Number / Facility ID Number 6000563326 / 001 - 225885

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