

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
2/28/2024

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

Chi Franciscan Villa

3000589463 / 001 - 2003644

Address - Facility (Street, City, State, Zip Code)
3601 S Chicago Ave S Milwaukee WI 531723708

Telephone Number
414-570-5442

Date - Regulation Visit
2/14/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(6)(a)6. Child Record - Health History Description: Health history information on file for Child #1 does not identify whether or not the child has a medical condition. Repeat violation: Previously cited on 2/9/2023	From ✓ the Box that there is no health condition	2-16-2024	
2 251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A, who has been employed since 8/9/23, has not obtained a current certificate of completion for infant and child CPR and AED use within 3 months after beginning to work with children in care.	Staffs to have CPR class on 2-19-2024. All staff will be certified on this date.	2-19-2024	

Name - Certified Operator / Licensed Center

Chi Franciscan Villa

Provider Number / Facility ID Number
3000589463 / 001 - 2003644

Address - Facility (Street, City, State, Zip Code)
3601 S Chicago Ave S Milwaukee WI 531723708

Telephone Number
414-570-5442

Date - Regulation Visit
2/14/2024

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

--	--	--	--

NAME - Agency Worker

Maureen Statten

Date Issued

2/15/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Maureen Statten

Date Signed

2-16-2024