

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
9/21/2024

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 202.085, 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.

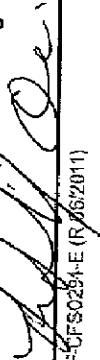
Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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, 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	
Safety First Learning Center		8000589936 / 002 - 2006459	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
1917-1923 N 12Th St Milwaukee WI 532051726		414-585-9002	8/20/2024
Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
1 251.04(6)(a)8.a. Child Record - Physical Exam - Under 2 Description: The health report for Child D was more than 6 months prior to the start date.	Child D health report will be updated	9/19/24	
2 251.05(2)(a)3.a. Staff Record - Physical Examination Description: At the time of review, Staff A and B did not have a physical on file. Repeat violation: Previously cited on 8/25/2023	Staff A and B physical have been updated and filed	9/14/24	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Safety First Learning Center		6000589936 / 002 - 2008459		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
1917-1923 N 12Th St Milwaukee WI 532051726		414-585-9002	8/20/2024	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	
			Verification Date	
3	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A, B, and C did not have a current CPR certificate at the time of review.	Staff ABC will have they CPR updated and filed	9/14/24	
4	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff C did not have a current child abuse and neglect certificate at the time of review.	Staff C will have done and updated	9/14/24	
5	251.06(4)(e) Extension Card Use Description: At the time of review, multiple extension cords were in use in the school age classroom.	The extension cords will be covered or removed	9/14/24	

NAME - Agency Worker
 Anthony Totorails, Jennifer Mischock

DATE ISSUED
 8/22/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

 9-15-24

DATE SIGNED
 9-15-24