

FAX

To

Name: attention Sara Cooney
Fax number: +12624467991

From

Name: Dyona Olds
Fax number: WWW.FAX.PLUS

Number of pages: 3

Subject: Non-compliance correction plan

Date: Dec 24, 2024

Urgent

For Review

Please Reply

Confidential

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
12/25/2024

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 Our Six Generations Family Child Care
Provider Number / Facility ID Number 3000590063 / 002 - 2006126

Address - Facility (Street, City, State, Zip Code) 1302 S 60Th St West Allis WI 532143438
Telephone Number 414-455-3021
Date - Regulation Visit 11/19/2024


Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.06(2)(b) Electrical Or Hot Surface Protection Description: An outlet was not guarded under the TV in school age room This was corrected during the visit</p>	<p>Outlets will be guarded after every use, with outlet protector.</p>	11/19/2024	11/19/2024
<p>2 251.06(9)(f)3 Food - Leftover Prepared Food Description: Left over fruit was observed in a covered container in the refrigerator however, it was not dated Repeat violation: Previously cited on 1/24/2023</p>	<p>left over food will be dated and labeled.</p>	11/19/2024	11/19/2024

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.07(6)(dm)4 Medical Log - Reviewing Injury Records Description: The medical logbook has not been reviewed in the last 6 months. It was last reviewed on 3/19/24.	The medical log book will be reviewed every 6 months.	11/20/2024	11/26/2024

NAME - Agency/Worker
 Sara Cooney
 Date Issued
 12/11/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

 Date Signed
 12/24/2024
 DCF-F-CFS0294E (Rev. 2011)