

Date Correction Plan Due 7/19/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 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 Arts For Kids		Provider Number / Facility ID Number 1000562051 / 002 - 1009122		
Address - Facility (Street, City, State, Zip Code) 923 Minnesota Ave B Suite B N Fond Du Lac WI 549371219		Telephone Number 920-924-9975	Date - Regulation Visit 5/28/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.05(2)(a)3.a. Staff Record - Physical Examination</p> <p>Description: Based upon review on May 28, 2024, Staff Member B of the Staff Record Checklist did not have a report on a physical examination on file.</p> <p>Repeat violation: Previously cited on 4/27/2023, 10/4/2022</p>	<p><i>Staff was asked to get a new physical done and signed by their physician.</i></p>	<p><i>6/3/24</i></p>	
2	<p>251.05(2)(a)8. Staff Record - Orientation</p> <p>Description: Based upon review on May 28, 2024, Staff Member B and D of the Staff Record Checklist did not have documentation of orientation on file.</p>	<p><i>All staff employed were updated and re-orientated at our monthly staff meeting held on May 30, 2024.</i></p>	<p><i>5/30/24</i></p>	

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3	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Based upon review on May 28, 2024, Staff Member D of the Staff Record Checklist did not have a current certificate of completion for infant/child CPR on file. Repeat violation: Previously cited on 10/4/2022	Staff Member D completed CPR/AED + First aid for Adult, child, Infants Pediatric and received her certification on 6/17/2024.	6/17/2024	
4	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Based upon review on May 28, 2024, Staff Member B, C and E did not have current documentation of completing training on child abuse and neglect.	Staff B, C + E completed their re-certification and took Mandated Reporter. Staff were reminded this training is to be renewed every 2 years.	6/19/2024	

NAME - Agency Worker
Jamie Brandt

Date Issued
7/5/2024

SIGNATURE - Certified Operator or Designer / Licensee or Designee

Date Signed

Melissa Bernam - Director

07/09/2024