

<b>Date Correction Plan Due</b> 2/15/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

**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.

<b>Name - Certified Operator / Licensed Center</b> Hcls Extended Care		<b>Provider Number / Facility ID Number</b> 5000560275 / 002 - 1003112		
<b>Address - Facility (Street, City, State, Zip Code)</b> 12300 W Janesville Rd Hales Corners WI 531302350		<b>Telephone Number</b> 414-529-6701	<b>Date - Regulation Visit</b> 1/18/2024	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)8.b. <b>Child Record - Physical Exam - Over 2, Under 5</b>  Description: A physical examination form that was completed not more than 1 years ago prior to nor later than 3 months after being admitted into the center was not on file for Child 3. Child 3 has been attending the center since August 2023.	Form sent home with family. Now awaiting form or exam date.	Feb 13th, 2024	
2	251.05(2)(a)3.a. <span style="margin-left: 100px;">vio</span> <b>Staff Record - Physical Examination</b>  Description: There is no health report on file for Staff B. Staff B started working in April 2023 and would have needed a completed report within 30 days.  Repeat violation: Previously cited on 6/15/2023	Employee has scheduled exam 2/6/24.	Feb. 6, 2024	

Name - Certified Operator / Licensed Center  
Hcis Extended Care

Provider Number / Facility ID Number 5000560275 / 002 - 1003112  
Date - Regulation Visit 1/18/2024

Address - Facility (Street, City, State, Zip Code) 12300 W Janesville Rd Hales Corners WI 531302350  
Telephone Number 414-529-6701

Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
251.05(3)(g)2. Assistant Child Care Teacher - Qualifications	Staff is registering	June 2024	
Description: Staff D started working in December 2020 and does not have training within 6 months of hire, in early childhood education to make Staff D qualified to work as an assistant child care teacher.			
251.055(1)(f) Child Tracking Procedure	This issue was communicated to the staff to ensure prompt documentation.	Feb 1, 2024	
Description: The center's tracking procedures were not followed when on 1/18/24, 19 children were in attendance in the 3K room but 17 children were marked on the tracking record. This was corrected during the visit.			
251.07(6)(dm)4. Medical Log - Reviewing Injury Records	This review was done and sent 1/29/24.	Jan 29, 2024	
Description: There was no documentation that the medical log book was reviewed within the last 6 months; the most recent review date occurred 5/30/23. **This was verified as corrected via email on 1/29/24**			

NAME - Agency Worker  
Kristin Keck, Daniel Noel

Date Issued 2/1/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee  
*Alyssa Simpson*

Date Signed 2/19/24