

Date Correction Plan Due 1/18/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 **Provider Number / Facility ID Number**

Red Caboose Child Care Center Inc. **6000557946 / 001 - 120043**

Address - Facility (Street, City, State, Zip Code) **Telephone Number**

2346 Winnebago St Madison WI 537045498 608-256-1566

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child B did not have an updated physical exam report on file.	Reach out to family to provide updated report.	01/26/2024	
2 251.05(3)(c) Cardiopulmonary Resuscitation Training Description: A current cardiopulmonary resuscitation training was not on file for Staff A.	Staff member will complete training. Updated certificate will be placed in staff member's file.	01/26/2024	

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Date - Regulation Visit
1/3/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.05(3)(gr)2. Meal Prep Personnel - Orientation Description: An orientation was not on file for meal prep personnel.	WORK WITH WESSN TO REORGANIZE DEADLINES AND ORIENTATIONS UPON HIRE.	01/20/2024	
4 251.05(3)(gr)3.a. Meal Prep Personnel - Training Description: Meal prep personnel did not complete 4 hours of training in kitchen sanitation, food handling, and nutrition prior to beginning work.	WORK WITH WESSN TO REORGANIZE DEADLINES AND ORIENTATIONS TRAININGS UPON HIRE.	01/04/2024	
5 251.05(4)(a) Staff Orientation - Develop, Implement, Document Description: Staff A and C did not have a completed orientation on file.	WORK WITH WESSN TO REORGANIZE DEADLINES AND ORIENTATIONS UPON HIRE.	01/26/2024	
6 251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills Description: The center did not practice or document fire and tornado drills for the months of October - December.	Reset dates for all future fire drills in calendar.	01/04/2024	

NAME - Agency Worker
Michelle Garcia

Date Issued
1/4/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

1/18/2024