

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
5/28/2024

TO FILE A COMPLAINT CALL
608-422-6765

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, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center

Red Caboose School Age Marquette

Provider Number / Facility ID Number
6000557946 / 002 - 120534

Address - Facility (Street, City, State, Zip Code)
1501 Jennifer St Madison WI 53703

Telephone Number
608-204-6934

Date - Regulation Visit
5/8/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(3)(e) Cardiopulmonary Resuscitation Training Description: Staff G did not have documentation of a completed CPR training on file.	Staff completed CPR training as a group in February/March 23 but vendor had difficulty providing certificates. Certificates are now printed and on file.	5/23/24	
2 251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff F and G did not have documentation of a training on child abuse and neglect reporting requirements.	Staff completed Abuse and Neglect training together as a group one one certificate was provided. Certificate was located and attached to staff training agenda Fall 22	5/28/24	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>3 251.05(4)(a) Staff Orientation - Develop, Implement, Document</p> <p>Description: There was no documentation of a completed orientation on file for Staff E and F within a week of beginning work.</p>	<p>Staff completed orientation check lists for all subjects they were familiar with. Red Caboose should reorganize checklist as it contains much information not gone over in orientation when checklist is introduced.</p>	5/18/24	

NAME - Agency Worker
Michelle Garcia

Date Issued
5/14/2024

SIGNATURE Certified Operator or Designee / Licensee or Designee

Michelle Garcia, School Age Program Director

Date Signed
5/29/24