Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
7/28/2022		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.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number
Hugs And Kisses Day Care Llc		8000580638 / 002 - 1010834
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
1630 S 59Th St West Allis WI 53214	414-852-0666	7/14/2022

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(3) **Written Report To The Department** Description: Written notification of the three positive cases of COVID-19 were not provided to the Department within the required 5 business days timeframe. Written notification was provided to the Department via email on 07/14/2022 although the positive cases were identified on 07/01/2022, 07/02/2022 and 07/03/2022.	Provided written notification to assigned licensing specialist on 7/14/22.	7/14/22	7/14/22

RECEIVED
STATE OF WISCONSIN
JUL 19 2022
SOUTHEASTERN REGIONAL OFFICE
DCF DECE BECR

Lori Gramza 7/14/22

Due Correction Plan Due
7/18/2022

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Use of Form: This form is used by certification / licensing [illegible] This form is used for initial operations / licensed certain [illegible] and (2)(A). Failure to submit an appropriate correction plan [illegible] may submit plans of correction however are not required to do so.

Instructions: The Noncompliance Statement below identifi[illegible] complete the section labeled "Correction Plan" by indicating [illegible] date(s) for each item. Return the original to your certifi[illegible] accompanying statement and correction plan treat the lic[illegible] acting pursuant to WAC 388-715. If the department [illegible] notice of the sanction and/or operate any appeal rights.

Name - Certified Operator / Licensee and Center

Alpha And Omega Day Care, Inc

Address - Physically Located Day Care Site (No P.O. Boxes)
1020 S 96th St, Tacoma, WA 98444

Rule/Statute Number
Noncompliance Statement

200.4(g)
Written Report to the Department

Description: Written notification to the Office prior to [illegible] CVID-19 was not provided to the Department within [illegible] business days from one. Written notification was pr[illegible] Department via email on 07/14/2022 although the pr[illegible] identified on 07/07/2022, 07/08/2022 and 07/07/2022

TO FILE A COMPLAINT CALL
206-446-7270

[illegible] to identify statute and / or administrative rule [illegible] violation(s) and [illegible] outline proposed plans of correction, if applicable, [illegible] meet the requirements of WAC 388-296-0005, DCF 250.04(2)(g) and (h), DCF 250.04(2)(i) and (j)(iv), DCF 382.04(2)(j) and (9)(i), DCF 382-410(1)(b) [illegible] by the due date below may result in sanctions identified in the statute and / or administrative rule. Public Safety [illegible]

[illegible] the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. The steps that will be taken to address and correct each of the noncompliance(s) identified expected completion [illegible] certification / licensing specialist for approval and retain a copy. If the is a licensed child care, post copy of the [illegible] in accordance with WAC 388-296-0001. This request for a correction plan does not an order imposing a sanction or [illegible] to apply a sanction and / or penalty for those areas [illegible] finding in a future finding, you will be given a [illegible]

Correction Number / Facility ID Number
0000000008 / 002 - 10 - 0829

Date - Regulation Visit
7/14/2022

Telephone Number
414-882-0888

Correction Plan

Expected Completion Date

Verification Date

Name - Certified Operator / Licensed Center	Provider Number / Facility ID Number
Hugs And Kisses Day Care Llc	8000580638 / 002 - 1010834

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1630 S 59Th St West Allis WI 53214	414-852-0666	7/14/2022

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	250.04(3)(m) **Report - Communicable Disease** Description: On 07/07/2022, during an attempted visit, the Provider disclosed one positive case of COVID-19 from 07/03/2022. On 07/14/2022, the Provider disclosed two additional positive cases of COVID-19 from 07/01/2022 and 07/02/2022. The Department did not get notification of the three positive cases within 24 hours of the diagnoses. The local health department was also not notified of the three positive cases within the 24 hour timeframe of when the center was notified of the two additional positive cases.	Notify the West Allis Health Dept. of the positive Covid-19 cases that occurred 7/1, 7/2, and 7/3/22. ~~Dwd~~ Will do this via written letter	7/14/22 (Mailed 7/14/22)	7/14/22

NAME - Certification Worker / Licensing Specialist
Jasmine Kelly

Date Issued
7/14/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Lori Gramza

Date Signed
7/14/22