

**Date Correction Plan Due**  
12/3/2019

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**TO FILE A COMPLAINT CALL**  
262-448-7800

**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(2M) and (3)(d), DCF 251.04(2)(L) and (3)(F), DCF 252.4(1) 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 1 noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.557. This request for a correction plan is not an order imposing a sanction 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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center **New Berlin Preschool Lic** Provider Number / Facility ID Number **2000599602 / 001 - 2004105**

Address - Facility (Street, City, State, Zip Code) **5000 S Sunnyslope Rd New Berlin WI 53151** Telephone Number **414-630-2063** Date - Regulation Visit **11/11/2019**

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p><b>1</b> <b>251.04(9)(b)</b> <b>Current, Accurate Daily Attendance Record</b></p> <p>Description: Attendance was not current and accurate upon licensing review. A child was present in the program but not accounted for on the center attendance form.</p>	<p>Attendance was corrected on 11/11/19, during the site visit. In the future, teacher will stop teaching to update the attendance book if a student arrives late to class.</p>	<p>11/11/19</p>	
<p><b>2</b> <b>251.05(2)(a)1.</b> <b>Staff Record - Personal Information</b></p> <p>Description: The files for Staff A and Staff B lacked complete Staff Record forms upon licensing review. Files lacked information in Section B, pertaining to position at hire and use in ratio.</p>	<p>Section B, in the employee forms was updated on 11/11/19 to reflect positions at hire and use in ratio for Staff A &amp; Staff B.</p>	<p>11/11/19</p>	

Name - Certified Operator / Licensed Teacher  
New Berlin Preschool LLC

Provider Number / Facility ID Number  
2000559602 / 001 - 2004105

Address - Facility (Street, City, State, Zip Code)  
5000 S Sunnyslope Rd New Berlin WI 53151

Telephone Number  
414-830-2083

Date - Regulation Visit  
11/10/2019

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 261.05(3)(c) Candemandatory Renewal/continuation Training Description: The files for Staff A and Staff B lacked documentation of current CPR training upon review. Both files contained CPR certificates which expired in October 2019.	CPR training for Staff A and Staff B is scheduled to be completed on 12/10 /19.	12/10/19	

NAME - Certification Worker / Licensing Specialist  
Kayla Sams

Date signed  
11/10/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Francesca Holmberg*

Date Signed

11.20.2019