

Date Correction Plan Due 2/28/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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.

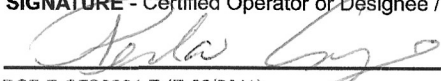
Name - Certified Operator / Licensed Center Children's Academy		Provider Number / Facility ID Number 7000589877 / 001 - 2004503		
Address - Facility (Street, City, State, Zip Code) 1015 Washington Ave Racine WI 534031761		Telephone Number 262-898-7366	Date - Regulation Visit 2/11/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.05(2)(a)3.a. Staff Record - Physical Examination</p> <p>Description: Staff F did not have on file, documentation of a physical examination that indicated she was free of communicable disease, including TB.</p> <p>Repeat violation: Previously cited on 12/19/2023, 8/25/2023, 4/27/2023</p>	<p>Staff was advised to get a TB screening done.</p>	<p>3/30/25</p>	
2	<p>251.05(3)(g)2. Assistant Child Care Teacher - Qualifications</p> <p>Description: Staff B has been working as an assistant teacher since April 2024 and does not have the required educational qualifications.</p> <p>Repeat violation: Previously cited on 8/25/2023, 4/27/2023</p>	<p>Staff scheduled on 3/8/25 to start assistant teacher training.</p>	<p>4/26/25</p>	

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3	251.07(6)(dm)2. Medical Log - Pages & Entries Description: Entries in the Red Room medical/injury log book were not all signed or initialed by the person making the entry. Repeat violation: Previously cited on 4/18/2024, 12/19/2023, 4/27/2023	Staff retrained on medical log book entries	2/17/25	
4	251.09(1)(e) Infant & Toddler - Provider Training Description: Staff B did not have a minimum of 10 hours of training in infant and toddler care approved by the department within 6 months after assuming the position. Repeat violation: Previously cited on 4/18/2024, 8/25/2023	Staff advised and pending - class scheduling	pending	

NAME - Agency Worker
Jennifer Brees

Date Issued
2/18/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

2/19/25