

Date Correction Plan Due 7/5/2021	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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 Children's Community Center		Provider Number / Facility ID Number 6000557956 / 001 - 220056	
Address - Facility (Street, City, State, Zip Code) N88w17550 Christman Rd Menomonee FIs WI 530512630		Telephone Number 262-251-1212	Date - Regulation Visit 6/18/2021
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: The days and hours staff work while used in staff to child ratio were not accurate in room 3 when a teacher had not signed in.	The teachers put a note on their clip board reminding themselves to sign in every day.	Immediate
2	251.05(3)(b) Shaken Baby Syndrome Prevention Training Description: Staff E did not have documentation on file of having completed shaken baby syndrome prevention training prior to working with children.	A checklist of all required paper work will be attached to the front of the file and will stay there until everything is completed.	checklist immediate training 7/2/2021

Name - Certified Operator / Licensed Center Children's Community Center		Provider Number / Facility ID Number 6000557956 / 001 - 220056	
Address - Facility (Street, City, State, Zip Code) N88w17550 Christman Rd Menomonee FIs WI 530512630		Telephone Number 262-251-1212	Date - Regulation Visit 6/18/2021
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.05(4)(a) Staff Orientation - Develop, Implement, Document Description: Staff G and H did not have documentation of an orientation on file.	A checklist of all required paperwork will be attached to the front of the file and will stay there until everything is completed.	Checklist immediate paperwork 7/2/2021
4	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Medical log books in the center had not been reviewed in the previous six months.	The calendar will be marked moving forward as to when log books need to be checked.	7/2/2021 Log Books checked Immediate calendar marked
5	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Three authorizations for the administration of medication did not include a length of authorization timeframe.	Medication procedures will be reviewed with the classrooms and at a staff mtg. A sample medication, form with directions, will be passed out to all staff.	Immediate on forms July staff mtg.
6	251.09(3)(a)2. Infant & Toddler - Food & Formula Brought From Home Description: Two packages of breast milk in room three were not dated. One package of breast milk was not labeled with the child's name.	The teachers are double checking that the breastmilk has a date and name. If there is no date/name the breastmilk is going	Immediate

to go in a Ziploc Bag and the date/name will be written on it.

Name - Certified Operator / Licensed Center Children's Community Center		Provider Number / Facility ID Number 6000557956 / 001 - 220056	
Address - Facility (Street, City, State, Zip Code) N88w17550 Christman Rd Menomonee FIs WI 530512630		Telephone Number 262-251-1212	Date - Regulation Visit 6/18/2021
Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
Noncompliance Statement			

NAME - Certification Worker / Licensing Specialist
Cindy Matuszak

Date Issued
6/21/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Bickey Gaynor

Date Signed

6/28/2021