

Date Correction Plan Due 2/9/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
---	--	---------------------------------

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 One City Schools	Provider Number / Facility ID Number 5000588625 / 002 - 2006349
--	---

Address - Facility (Street, City, State, Zip Code) 1707 W Broadway Monona WI 537131834	Telephone Number 608-531-2128	Date - Regulation Visit 1/17/2024
--	---	---

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.05(2)(a)2. Staff Record - Completed Background Check</p> <p>Description: Child care background checks were not completed as required when it was confirmed verbally during the monitoring visit that four staff members had been working with the children without documentation of completed background checks.</p> <p>Repeat violation: Previously cited on 11/20/2023</p>	<p><i>Required Staff has been scheduled for Background checks</i></p>	<p><i>By Feb 9th 2024</i></p>	
2	<p>251.05(3)(c) Cardiopulmonary Resuscitation Training</p> <p>Description: A current certificate of completion in CPR was not maintained for each staff member when the program was unable to provide the required documentation.</p>	<p><i>after school Staff Members will take an in-person CPR course/training on or by 2/6/2024</i></p>	<p><i>on/by Feb 6th 2024</i></p>	

Name - Certified Operator / Licensed Center One City Schools		Provider Number / Facility ID Number 5000588625 / 002 - 2006349	
Address - Facility (Street, City, State, Zip Code) 1707 W Broadway Monona WI 537131834		Telephone Number 608-531-2128	Date - Regulation Visit 1/17/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.06(4)(a) Fire Extinguishers - Operable, Inspected, Labeled Description: Each fire extinguisher was not inspected once a year by a qualified person when the tags on the fire extinguishers indicated that they had last been inspected in 2022.	<i>Was tested on 1/24/2024</i>	<i>done</i>

NAME - Agency Worker
Casey Allison

Date Issued
1/26/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Marilyn Ruffin

2/2/2024