

**Key. The information on the key is confidential and is meant for your reference only.**

Please take a few minutes to complete the Department of Children and Families (DCF) customer satisfaction survey so that you can tell us about your experience. The responses we receive to the survey will be compiled and reviewed by DCF staff to help us improve our services to child care providers. The survey takes approximately 5 minutes to complete. It is voluntary and anonymous, and there is no penalty for not responding. DCF staff will not be able to tell whether or not you responded to the survey or know what responses you submitted. Please follow this link to provide your feedback : <https://www.surveymonkey.com/r/LicenseFeedback>. Or, if you don't have internet access, contact your licensing office and request a paper version of the survey and a prepaid reply envelope .

Contact me if you have any questions.

DEPARTMENT OF CHILDREN AND FAMILIES STATE OF WISCONSIN Division of Early Care and Education

**NONCOMPLIANCE STATEMENT AND CORRECTION**

**Date Correction Plan Due TO FILE A COMPLAINT CALL 2/4/2025 262-446-7800**

**PLAN**

**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** St. Paul's Child Care Center

**Provider Number / Facility ID Number** 4000590474 / 001 - 2005521

<b>Address - Facility (Street, City, State, Zip Code)</b> 5 W Grant St West Allis WI 532191712	<b>Telephone Number</b> 414-541-6251	<b>Date - Regulatory Visit</b> 1/14/2025
<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: No physical exam on file for staff reviewed  Repeat violation: Previously cited on 9/24/2024	This is for a different employee than the previous citation. I will have staff submit a health report by the end of February 2025.	2/28/2025

<p>251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b></p> <p>Description: Staff file did not include CPR certification</p>	<p>Training certificate was printed the day of the visit.</p>	<p>1/14/2025</p>
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**Verification Date**

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<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b>  Description: No written medication authorization for allergy meds stored in child med box  Repeat violation: Previously cited on 9/24/2024, 1/24/2024	Medication authorization was given to the parent day of visit. Returned next Monday with an updated plan of action of allergic reaction.	1/20/2025

<p>251.09(1)(j) <b>Infant &amp; Toddler - Crib Mattresses &amp; Coverings</b></p> <p>Description: Pack n play mattresses not tight fitting as required</p>	<p>New cots for room ordered 2/3/2025. Up to a month for delivery.</p>	<p>3/7/2025</p>
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**Verification Date**

**NAME** - Agency Worker Paul Spink  
Date Issued 1/21/2025

**SIGNATURE** - Certified Operator or Designee / Licensee or Designee Date Signed DCF-F-CFS0294-E (R.06/2011) Page 3 of 3

*Marcy Schaben*      2/3/25