

Date Correction Plan Due 6/24/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
--	--	---

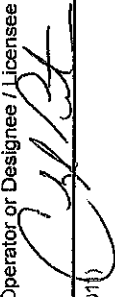
Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(f) 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 Glendale Heights		Provider Number / Facility ID Number 6000566586 / 001 - 225881	
Address - Facility (Street, City, State, Zip Code) 2315 W Good Hope Rd Glendale WI 53209		Telephone Number 414-352-2551	Date - Regulation Visit 5/9/2024
Rule/Statute Number 251.055(1)(a) Noncompliance Statement Supervision Of Children	Correction Plan Staff involved were terminated All Staff were reintucted in counting and checking names of Children when entering the building before closing the door	Expected Completion Date	Verification Date
Description: Each child was not supervised by a child care worker who is within sight and sound of the children to guide the children's behavior and activities, prevent harm and ensure safety. On 5/6/24 per video footage and per the report of staff a one year old toddler was left alone outside of the fenced in outdoor play space for approximately 12 seconds. During this time the toddler was outside of the playground enclosure and had access to the center parking lot. Included in a Direct Forfeiture issued on January 3, 2024. Repeat violation: Previously cited on 4/25/2024, 11/22/2023		May 13, 2024	

Name - Certified Operator / Licensed Center Glendale Heights Address - Facility (Street, City, State, Zip Code) 2315 W Good Hope Rd Glendale WI 53209		Provider Number / Facility ID Number 6000566586 / 001 - 225881	
		Telephone Number 414-352-2551	Date - Regulation Visit 5/9/2024
Rule/Statute Number Noncompliance Statement		Correction Plan	Expected Completion Date May 13 2024
2 251.055(1)(f) Child Tracking Procedure	Description: The center failed to adhere to a procedure to ensure that the number, names and whereabouts of children in care are known to assigned child care workers at all times. On 5/6/24 per a review of video footage, three staff members & 4 children are observed walking from the outdoor play space to a building entrance. Prior to entering the center with the children, none of the staff members attempt to track the children when no attempts are made by any staff to count the children & compare the number to the names listed on the clipboard before entering the building. A 1 yr. old was left outside. Repeat violation: Previously cited on 4/25/2024, 11/22/2023	Staff involved was terminated All staff was re-instructed to check names and numbers of children before and after entering the building	Verification Date

NAME - Agency Worker
 Maureen Slatten, Sara Cooney
 Date Issued
 6/7/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

 Date Signed
 5/21/24