

Date Correction Plan Due
9/9/2022

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 252.4(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

Provider Number / Facility ID Number

Little Saints Child Care Center

9000557689 / 002 - 1016085

Address - Facility (Street, City, State, Zip Code)
4021 Spring Street Racine WI 53405

Telephone Number
262-687-8615

Date - Regulation Visit
8/16/2022

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5</p> <p>Description: Child #5 and #6 do not have a current physical exam on file and have been enrolled at the center for more than 3 months.</p>	<p>Both children's physical exam records dated 6/3/21 and 7/5/22 were located in the filing bin and are attached to this response.</p>	8/26/2022	
<p>2 251.05(3)(g)2. Assistant Child Care Teacher - Qualifications</p> <p>Description: Staff A, hired 7-2021 as an assistant child care teacher, does not have the required educational training for the position. This training is required within 6 months of hire.</p>	<p>The noncredit DCF approved course for Assistant Teacher training will be completed and submitted.</p>	9/30/2022	

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Date - Regulation Visit
 8/16/2022

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.06(2)(d) Access To Materials Potentially Harmful To Children Description: Hair Gel and lotions labeled <input type="checkbox"/> Keep Out of Reach of Children <input type="checkbox"/> were accessible to children on a counter in the Caterpillar Room. These items were removed at time of licensing visit.	These items used as art supplies have been placed out of reach.	8/16/2022	
4 251.09(1)(k) Infant & Toddler - Bedding Description: Blankets used to cover a child one year of age and over sleeping in a crib or playpen were not tucked tightly under the mattress in the Chipmunks Room.	Chipmunks and other baby room staff have been updated on the new wording for children over one in the practice of blanket tucking.	8/17/2022	

NAME - Certification Worker / Licensing Specialist
 Charlene Langsdorf

Date Issued
 8/26/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

8/26/2022

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Little Saints Fax: 414-527-8384

dcf.wisconsin.gov

CHILD HEALTH REPORT - CHILD CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 202.08(4), DCF 250.04(6)(a)4, and DCF 251.04(6)(a)8. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Each child 2 years of age but who is not 5 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant, or other HealthCheck provider to be completed, signed, and dated. The licensee / operator shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian includes a copy of the child's immunization record when submitting this form to the child care center.

PARENT OR GUARDIAN - This section should be completed by the parent or guardian

Child's Name (Last, First, MI) <u>Boggs, Wyatt, Wesley</u>	Child's Birthdate (mm/dd/yyyy) <u>02/15/19</u>
Child's Address (Street, City, State, Zip Code) <u>2432 Summit ave, Racine, WI, 53404</u>	

Parent or Guardian Name (Last, First, MI)
Boggs, Lauren R

Parent or Guardian Address (Street, City, State, Zip Code)
2432 Summit ave, Racine, WI, 53404

HEALTH PROFESSIONAL - This section should be completed by the health professional

Instructions for feeding and care of child with special health concerns - Specify: (attach information as necessary).

Yes No Does the child have a milk allergy? If "Yes," identify the recommended milk substitute.

Yes No Does this child have any food or non-food allergies? If "Yes," specify and include the treatment plan to be implemented in the event of an allergic reaction.

penicillins

Date of child's most recent blood lead test: _____ (mm/dd/yyyy).

Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) - Specify.

Dr. Darnella Gist
4328 Old Green Bay Rd.
Mt. Pleasant, WI 53403

AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities. Office: 262-687-7606

Name - MD, PA, or other HealthCheck Provider (type or print) Address (Street, City, State, Zip Code) Fax: 262-687-7615

SIGNATURE - MD, PA, or other HealthCheck Provider

Date of Examination

7-5-2022

Boggs, Wyatt Wesley (MRN E2756297)

Page 1 of 3

Immunization Summary

Wyatt Wesley Boggs
MRN: E2756297

Patient Information

Patient Information

Patient Name	Legal Sex	DOB
Boggs, Wyatt Wesley	Male	2/15/2019

Immunizations

Name	Date
DTAP / Hep B / IPV (Pediarix)	09/26/19
DTAP / Hep B / IPV (Pediarix)	06/24/19
DTAP / Hep B / IPV (Pediarix)	04/22/19
DTaP	09/03/20
Hepatitis A 2 Dose pediatric/adolescent	07/05/22
Hepatitis A 2 Dose pediatric/adolescent	05/11/20
Hepatitis B, Adolescent or Pediatric	02/15/19
HIB (PRP-OMP) 3 dose (PedvaxHIB)	09/03/20
HIB (PRP-OMP) 3 dose (PedvaxHIB)	06/24/19
HIB (PRP-OMP) 3 dose (PedvaxHIB)	04/22/19
Influenza Vaccine Quadrivalent, Preservative Free	10/12/20
Influenza Vaccine Quadrivalent, Preservative Free	10/31/19
Influenza Vaccine Quadrivalent, Preservative Free	09/26/19
MMR	05/11/20
Pneumococcal Conjugate 13- Valent (Prevnar 13)	05/11/20
Pneumococcal Conjugate 13- Valent (Prevnar 13)	09/26/19
Pneumococcal Conjugate 13- Valent (Prevnar 13)	06/24/19
Pneumococcal Conjugate 13- Valent (Prevnar 13)	04/22/19

Name	Date
Rotavirus Pentavalent (RotaTeq)	09/09/19
Rotavirus Pentavalent (RotaTeq)	06/24/19
Rotavirus Pentavalent (RotaTeq)	04/22/19
Varicella (Varivax)	05/11/20

Immunizations from Immunization Registries

WIR

Immunizations as of today at 3:43 PM

	Administered On
DTaP/Polio/Hep B (DTaP / Hep B / IPV (Pediarix))	9/26/2019, 6/24/2019, 4/22/2019
DTaP (DTaP (Infanrix))	9/3/2020
HepA-Ped 2 Dose (Hepatitis A 2 Dose pediatric/adolescent)	5/11/2020
HepB-Peds (Hepatitis B, Adolescent or Pediatric)	2/15/2019
Hib-OMP (HiB (PRP-OMP) 3 dose (PedvaxHIB))	9/3/2020, 6/24/2019, 4/22/2019
Influenza Quadrivalent P-Free (Influenza Vaccine Quadrivalent, 0.5ml Single Dose Syringe)	10/12/2020, 10/31/2019, 9/26/2019
MMR	5/11/2020
Pneumo-Conjugate 13 (Pneumococcal Conjugate 13-Valent (Prevnar 13))	5/11/2020, 9/26/2019, 6/24/2019, 4/22/2019
Rotavirus-RV5 (Rotavirus Pentavalent (RotaTeq))	9/9/2019, 6/24/2019, 4/22/2019
Varicella (Varicella (Varivax))	5/11/2020

Recommended immunizations as of today at 3:43 PM

Ⓛ The following recommendations are calculated by the immunization registry and might not match your organization's recommended schedule.

	Recommended Due Date
DTP/aP (DTaP (Infanrix))	2/15/2023
HepA (Hep A, Unspecified Formulation)	11/11/2020
Influenza (Influenza Vaccine, Unspecified Formulation)	8/1/2022
MMR	2/15/2023
Pneumo-Poly (Pneumococcal Polysaccharide 23 Valent (Pneumovax 23))	2/15/2084

Client Information
 Client Name (First - Last)
 ALFREY BETH CATTOMARK
 Birthdate 11/28/2018
 Gender F
 Tracking Schedule
 ACIP

Vaccine Group
 DTaP2
 Series 1 of 5
 Trade Name (Pharm)
 Pediaris
 Dose Full

DTaP2
 01/31/2019
 02/05/2019
 03/02/2019
 03/28/2019
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MMR
 Pneumococcal
 Polio
 Rotavirus
 Varicella
 Series 1 of 2
 Trade Name (Pharm)
 Pediaris
 Dose Full

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Ascension - All Saints
 Pediatrics
 3807 Spring Street
 Racine, WI 53405