

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

Date Correction Plan Due  
9/10/2024

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 : Provider Number / Facility ID Number

Malatka Early Learning Center 2000575622 / 001 - 1007054

Address - Facility (Street, City, State, Zip Code) Telephone Number  
125 W Auer Ave Milwaukee WI 53212 414-562-4997

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1</p> <p>251.05(4)(a) <b>Staff Orientation - Develop, Implement, Document</b></p> <p>Description: Staff A and Staff B do not have documentation of a orientation on file and have been employed at the center for more than a week.</p>	<div style="border: 1px solid black; padding: 5px;"> <p>A system has been put into place to ensure staff orientation is completed in the first week of hire.</p> </div>	8/16/24	
<p>2</p> <p>251.07(6)(dn)1. <b>Medical Log Book</b></p> <p>Description: Several medical log books do not have pages that are numbered all the way through.</p>	<p>A system has been put into place to ensure all medical log books are numbered all the way through.</p>	8/15/24	

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Provider Number / Facility ID Number

Malaika Early Learning Center

2000575622 / 001 - 1007054

Address - Facility (Street, City, State, Zip Code)  
125 W Auer Ave Milwaukee WI 53212

Telephone Number  
414-562-4997

Date - Regulation Visit  
8/15/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.07(6)(dm)2. <b>Medical Log - Pages &amp; Entries</b> Description: An entry dated 4/12/24 in the medical logbook in room 105 is not initialed. Repeat violation: Previously cited on 1/25/2024, 3/22/2023	Administrations will double check to make sure all incidents are initialed by the teacher.	8/15/24	
4 251.07(6)(f)1. a. <b>Medication Administration - Parent Authorization</b> Description: There was no medication authorization form on file for a child who was given Tylenol.	Expired Medication Administration forms will be kept in children files up front.	8/28/24	
5 251.08(4)(b) <b>Driver Orientation - Requirement</b> Description: Staff B does not have an annual driver's orientation on file. The last orientation was on 6/26/23 and therefore a new one needed to be completed by 6/26/24.	A system has been put into place to ensure driver's required documents are completed.	8/17/24	

NAME - Agency Worker  
Sara Cooney, Maureen Statten

Date Issued  
8/27/2024

SIGNATURE - Certified Operator or Designee Licensee or Designee

*Samantha Johnson*

Date Signed

*August 29, 2024*

**STAFF ORIENTATION CHECKLIST – GROUP CHILD CARE CENTERS**

**Use of form:** This form is voluntary; however, completion of this form will facilitate the licensing process and verify compliance with DCF 251.05(4)(a) of the Wisconsin Administrative Code. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** Orientation must be documented for each new employee, substitute, and regular volunteer within their first week at the center. Upon completion of orientation, trainer and staff shall initial and date the spaces that correspond to each completed policy or procedure and place the form in the staff record for review by the licensing representative.

Staff Person Name (Last, First, MI) <i>Hughlett, Lendra</i>	Position Title <i>Bus Driver</i>	Start Date (mm/dd/yyyy) <i>8/30/2021</i>
Trainer Name <i>Derek Wilson</i>	Position Title <i>Director of Administration</i>	

Policy / Procedure			Staff	Trainer
	Initials	Date	Initials	Date
• A review of DCF 251, Licensing Rules for Group Child Care Centers 251.05(4)(a)1.	AW	8/30/21	DW	8/30/21
• A review of center policies and procedures required under s. DCF 251.04(2)(h) [251.05(4)(a)2.]	AW		DW	
• A review of the center emergency plans required under s. DCF 251.04(2)(h)9, including fire and tornado evacuation plans and the operation of fire extinguishers 251.05(4)(a)3; 251.06(3); 251.06(4)	AW		DL	
• Prevention and response to emergencies due to food and allergic reactions 251.05(4)(a)4.	AW		DL	
• First aid procedures 251.05(4)(a)5.	AW		DW	
• Administration of medications 251.05(4)(a)6.	AW		DW	
• Job responsibilities in relation to the job description 251.05(4)(a)7.	AW		DW	
• Training in the recognition of childhood illnesses and infectious disease control, including hand washing procedures and universal precautions for handling body fluids 251.05(4)(a)8.	AW		DW	
• A schedule of activities of the center 251.05(4)(a)9; 251.07(1)	AW		DW	
• A review of child abuse and neglect laws, how to identify children who have been abused or neglected and center reporting procedures 251.04(8)(b); 251.05(4)(a)10.	AW		DW	
• The procedure for ensuring that all child care workers know the children assigned to their care and their whereabouts at all times, including during center-provided transportation 251.05(4)(a)11; 251.05(1)(f)	AW		DW	
• Child management techniques 251.05(4)(a)12; 251.07(2)	AW		DW	
• The procedure for sharing information related to a child's special health care needs, including any physical, emotional, social, or cognitive disabilities with any child care worker who may be assigned to care for that child throughout the day 251.05(4)(a)13.	AW		DL	
• A review of procedures to reduce the risk of sudden infant death syndrome (SIDS) prior to an employee's or volunteer's first day of work, if licensed to care for children under 1 year of age 251.05(4)(a)14.	AW		DW	
• The procedure to contact a parent if a child is absent from the center without prior notification from the parent 251.05(4)(a)15; 251.05(1)(h)	AW		DW	
• Information on any special needs that a child enrolled in the center may have and the plan for how those needs will be met 251.05(4)(a)16.	AW		DW	
• Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic. 251.05(4)(a)17.	AW		DW	
• The handling and storage of hazardous materials and the appropriate disposal of biocontaminants. 251.05(4)(a)18.	AW		DW	
• Training in shaken baby syndrome and abusive head trauma prevention and impacted babies and appropriate ways to manage crying, fussing or distraught children 251.05(3)(b).	AW		DW	
• Training in techniques of evacuating sleeping children in an emergency, if the center is licensed to operate between 10:00 p.m. and 5:00 a.m. 251.10(4)(a).	AW		DW	

Asterisked (\*) items are not required for certified child care centers under DCF 202.08(9)(e).

Trainer		Staff		Policy / Procedure
Date	Initials	Date	Initials	
	Dr	7-12-24	Meg	The procedure for ensuring that all children are properly restrained in the appropriate child safety seat.
	Dr		Meg	The procedure for loading, unloading, and tracking of children being transported.
	Dr		Meg	The procedure for evacuating children from a vehicle in an emergency.
	Dr		Meg	Behavior management techniques for use with children being transported.
	Dr		Meg	A review of applicable statutes and rules affecting transportation of children.
	Dr		Meg	*A review of applicable center policies.
	Dr		Meg	First aid procedures.
	Dr		Meg	A review of child abuse and neglect laws and center reporting procedures.
	Dr		Meg	Information on any special needs a child being transported may have and the plan for how those needs will be met.
	Dr		Meg	A review of the use of the vehicle alarm, if applicable.
	Dr		Meg	*Any other job responsibilities as determined by the licensee.

Name - Staff Person (Last, First, MI) Zollicoffer, Melissa		Name - Trainer Donnell Wilson	
Position Title Drs Drivers	Start Date (mm/dd/yyyy) 7/11/2024	Position Title Director of Administration	

**Use of form:** Use of this form is voluntary; however, completion of this form meets the requirements of DCF 202.08(9)(e). 250.08(4)(b), 251.08(4)(b), and 252.09(4)(b) of the Wisconsin Administrative Codes. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** Before a driver first transports children, and annually thereafter, the licensee/operator shall provide the driver with a training and that training shall be documented. Review each topic listed below and initial and date the spaces that correspond to each policy or procedure. Asterisked (\*) items are not required for certified child care centers under DCF 202.08(9)(e). Place the completed form in the staff record for review by the licensing/certification representative.

**Driver Training Checklist - Child Care Centers**

### STAFF ORIENTATION CHECKLIST - GROUP CHILD CARE CENTERS

Use of form: This form is voluntary; however, completion of this form will facilitate the licensing process and verify compliance with DCF 251.05(4)(a), of the Wisconsin Administrative Code. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Orientation must be documented for each new employee, substitute, and regular volunteer within their first week at the center. Upon completion of orientation, trainer and staff shall initial and date the spaces that correspond to each completed policy or procedure and place the form in the staff record for review by the licensing representative.

Trainer Name <b>Deak W. Larson</b>	Position Title <b>Director of Administration</b>
Staff Person Name (Last, First, MI) <b>Zoie Coffey, Melissa</b>	Position Title <b>Bus Driver</b>
Start Date (mm/dd/yyyy) <b>7-9-2024</b>	

Policy / Procedure	Staff Initials	Date	Trainer Initials	Date
• Review of DCF 251, Licensing Rules for Group Child Care Centers 251.05(4)(a)1.	MCS	8/27/24	DL	8-27-24
• A review of center policies and procedures required under s. DCF 251.04(2)(n) [251.05(4)(a)2.]	MCS	8/27/24	DL	
• A review of the center emergency plans required under s. DCF 251.04(2)(h)9, including fire and tornado evacuation plans and the operation of fire extinguishers 251.05(4)(a)3; 251.06(3).	MCS	8/27/24	DL	
• Prevention and response to emergencies due to food and allergic reactions 251.05(4)(a)4.	MCS	8/27/24	DL	
• First aid procedures 251.05(4)(a)5.	MCS	8/27/24	DL	
• Administration of medications 251.05(4)(a)6.	MCS	8/27/24	DL	
• Job responsibilities in relation to the job description 251.05(4)(a)7.	MCS	8/27/24	DL	
• Training in the recognition of childhood illnesses and in infectious disease control, including hand washing procedures and universal precautions for handling body fluids 251.05(4)(a)8.	MCS	8/27/24	DL	
• A schedule of activities of the center 251.05(4)(a)9; 251.07(1)	MCS	8/27/24	DL	
• A review of child abuse and neglect laws, how to identify children who have been abused or neglected and center reporting procedures 251.04(8)(b); 251.05(4)(a)10.	MCS	8/27/24	DL	
• The procedure for ensuring that all child care workers know the children assigned to their care and their whereabouts at all times, including during center-provided transportation 251.05(4)(a)11; 251.055(1)(f)	MCS	8/27/24	DL	
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• Information on any special needs that a child enrolled in the center may have and the plan for how those needs will be met 251.05(4)(a)16.	MCS	8/27/24	DL	
• Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic. 251.05(4)(a)17.	MCS	8/27/24	DL	
• The handling and storage of hazardous materials and the appropriate disposal of biocontaminants. 251.05(4)(a)18.	MCS	8/27/24	DL	
• Training in shaken baby syndrome and abusive head trauma prevention and impacted babies and appropriate ways to manage crying, fussing or distraught children 251.05(3)(b).	MCS	8/27/24	DL	
• Training in techniques of evacuating sleeping children in an emergency, if the center is licensed to operate between 10:00 p.m. and 5:00 a.m. 251.10(4)(a).	MCS	8/27/24	DL	

**Authorization to Administer Medication – Child Care Centers  
Medication Information and Authorization**

**A. FACILITY AND CHILD INFORMATION**

Child Care Center Name

*MYAIRA E.L.C*

Child Name

*Maiya Williams*

Birthdate (mm/dd/yyyy)

*08.24.2023*

**B. MEDICATION INFORMATION:** Medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration.

Name – Medication	Dosage	Time(s) of Day to be Administered	How to be Administered	Dates – Medication Time Period	
				From	To
<i>Tylenol</i>	<i>2.5ML</i>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>oral</i>	<i>7.11.24</i>	<i>7.15.24</i>

Yes  No **Does the over-the-counter (OTC) medication label indicate the child's physician should be consulted?** If "Yes," I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation.

OTC Medication Name

Additional Information / special instructions / contraindications – Specify.

**C. AUTHORIZATION**

I hereby authorize administration of the above medication to my child by staff of the child care center listed above.

SIGNATURE – Parent or Guardian

*[Handwritten Signature]*

Date Signed

*7.11.2024*