

Date Correction Plan Due 5/8/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 Mini Stepz Academy Learning Ctr Llc		Provider Number / Facility ID Number 4000591244 / 001 - 2006418		
Address - Facility (Street, City, State, Zip Code) 3958 N 51St Blvd Milwaukee WI 532162355		Telephone Number 414-275-3958	Date - Regulation Visit 4/17/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.04(6)(a)1. Child Record - Enrollment Information</p> <p>Description: There was no enrollment date on file for Child #3 and Child #4.</p> <p>There was no emergency contact on file for Child #1.</p>	<p>Child #1 file 20 done emergency contact added and different from mom and dad.</p> <p>child #3 & 4 start date 3-27-24 added</p>	4.29.24	
2	<p>251.04(6)(a)6. Child Record - Health History</p> <p>Description: The Health History and care plan observed incomplete for Child #3, Child #4, and Child #6, there was no acknowledgement of medical conditions on file for Child #3 and Child #4. The entire first page of the Health History and Care Plan was not completed for Child #6.</p>	<p>Child #3 and 4 parent checked "no conditions" on health history</p> <p>Child #6 parent re-submitted health history form in details.</p>	4.30.24	<p>Received State of Wisconsin MAY 08 2024 DCF DECE BECR Southeastern Regional Office</p>

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3958 N 51St Blvd Milwaukee WI 532162355		414-275-3958	4/17/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.04(6)(a)6m. Child Record - Immunization History Description: There was no immunization record on file for Child #1, Child #2, Child #3, or Child #4.	All kids files checked and shot records requested and/or immunization opt-out form completed	5.10.24	
4	251.05(2)(a)3.a. Staff Record - Physical Examination ✓ Description: Staff health exam form observed incomplete for Staff E. There was no exam date on the Staff health report form.	Staff E returned to clinic to have doctor/nurse date physical form	4.30.24	
5	251.05(2)(a)8. Staff Record - Orientation ✓ Description: The Staff Orientation on file for Staff E was observed incomplete the trainer portion of the Staff orientation checklist was not complete.	Director completed her initials and dated Staff E orientation	4.17.24	
6	251.06(9)(f)3. Food - Leftover Prepared Food ✓ Description: Leftover prepared mixed vegetables was labeled but not stored in a food grade container with a tight fitting lid. Bowl was covered with aluminum foil.	new food storage containers purchased.	4.29.24	

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7	251.07(6)(dm)2. Medical Log - Pages & Entries Description: The medical log entries in the medical log book did not contain lol necessary information . There was no signature of person making entry.	That staff member was informed to be detailed, time card date entries and to also sign her name. Admin. signed off as well in medical log book,	4.23.24

NAME - Agency Worker
Tameka Thompson

Date Issued
4/24/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

