

JUN 20 2024

Date Correction Plan Due 6/24/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800 SOUTHEASTERN REGIONAL OFFICE DCF DECE BECR
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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 6/6/2024
	Rule/Statute Number Noncompliance Statement 1 251.05(2)(a)1. Staff Record - Personal Information Description: The staff record was observed incomplete for Staff A.	Correction Plan Staff A completed class training session in detail.	Expected Completion Date 6.6.2024
	2 251.05(2)(a)3.a. Staff Record - Physical Examination Description: The physical examination was not available in the file for Staff D. Repeat violation: Previously cited on 4/17/2024	Staff D physical was placed back in her file.	6-18-24

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Mini Stepz Academy Learning Ctr Llc		4000591244 / 001 - 2006418	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
3958 N 51St Blvd Milwaukee WI 532162355		414-275-3958	6/6/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.06(2)(a) Potential Source Of Harm On Premises Description: A wooden post attached to the building was accessible and hanging causing a hazard.	Open wooden post now closed off and secured.	6.6.2024	
4 251.06(2)(d) Access To Materials Potentially Harmful To Children Description: The infant changing table was covered in plastic-suffocation hazard. Hand soap in both restrooms were labeled keep out of reach of children. Two bags of mulch were in the outdoor play space accessible to children.	Plastic was cut off changing table in back infant room (room new soap purchased inactive). • Mulch placed in the trash	6.6.2024	
5 251.06(2)(gm) Premises - Well Drained, Clean, In Good Repair Description: Ceiling tiles were observed not in good repair.	Chipped ceiling tile replaced.	6.22.24	

NAME - Agency Worker
Dominica Shaw, Tiarra Trammell

Date Issued
6/10/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Andretta Jackson

Date Signed

6/18/24

STAFF RECORD – CHILD CARE CENTERS

Staff A

Use of form: Use of this form is **voluntary for Family Child Care Centers, Group Child Care Centers, and Day Camps**; however, completion of this form will ensure compliance with DCF 251.05(2)(a) and DCF 252.42(1). Personally identifiable information gathered on this form will be used only to verify compliance with licensing rules.

Instructions – Employee: The staff person / employee shall complete and sign Section A and attach any documentation including transcripts, certificates, credentials, or a WI Registry certificate.

Instructions – Employer: At time of hire, the licensee shall enter the position title, date began work, and employee duties information in Section B. The completed form and any supporting documentation shall be placed in the staff file. If any changes to the employee's job position (promotions, demotions) go into effect, the licensee shall record them in Section B.

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SECTION A – EMPLOYEE (To be completed by staff person / employee.)

JUN 20 2024

I. Contact Information

Name: Melanie Clark SOUTHEASTERN REGIONAL OFFICE
DCF DECE BECR Birthdate (mm/dd/yyyy): 10/18/1978

Address – (Street, City, State, Zip Code): 3156 North 27th Street Milwaukee, WI 53206 Home or Cell Telephone Number: 414.7938

Name	Address	Telephone Number
a. <u>Sandra Clark</u>	<u>3156 North 27th Street</u>	<u>414.481.3150</u>
b.		

II. Education (Attach proof of qualification for position held)

Yes No High school diploma If "Yes", date received: 6/1997 Name of High School: Riverside high school

Yes No GED If "Yes", date received: N/A Name of Issuing Agency: N/A

Entry Level Qualifications (attach additional pages if necessary)

Name – Post High School, College, University, Technical College	Dates Attended	Major	Degree, Diploma, Credential
a. <u>Lakeland College</u>	<u>1997 - 2001</u>	<u>elementary education</u>	<u>Bachelor</u>
b.	-		
c.	-		

Additional Early Childhood Training (attach additional pages if necessary)

Course Titles	Name – Sponsor / Trainer	Date – Course Completed	Number of Hours
a. <u>Intro to child care</u>	<u>4C's</u>	<u>Jan. 2015</u>	<u>45</u>
b. <u>Fundamentals of infant + tod.</u>	<u>4C's</u>	<u>Oct. 2019</u>	<u>18</u>
c. <u>Skills + strategy</u>	<u>4C's</u>	<u>Nov. 201</u>	<u>45</u>

III. Early Childhood Related Work Experience (List most recent employer first)

a. Employer Name <i>Royals Scholars</i>		Address – (Street, City, State, Zip Code) <i>3158 N 51st Blvd</i>	Telephone Number <i>N/A closed</i>
Position Title <i>Director/teacher</i>		Position Duties <i>Supervise staff/child(s)</i>	
No. of Days Per Week Worked <i>2-3</i>	Reason for Leaving <i>closed</i>		Dates Employed (mm/dd/yyyy) <i>09/2021 - 12/2021</i>
b. Employer Name		Address – (Street, City, State, Zip Code)	Telephone Number
Position Title		Position Duties	
No. of Days Per Week Worked	Reason for Leaving		Dates Employed (mm/dd/yyyy) -
c. Employer Name		Address – (Street, City, State, Zip Code)	Telephone Number
Position Title		Position Duties	
No. of Days Per Week Worked	Reason for Leaving		Dates Employed (mm/dd/yyyy) -

IV. Affirmation

Yes No Have you had a child care license or certification revoked or denied? If "Yes," provide the date and the name and phone number of the licensing or certification agency.

I attest that the above information is complete and accurate to the best of my knowledge.

[Signature]

SIGNATURE – Staff Person

6.6.2024

Date Signed

SECTION B – EMPLOYER (To be completed by licensee.) **Note:** Background check preliminary eligibility approval from DCF must be on file before employees may begin working under supervision. A licensee may not hire an employee within 2 years from the date an individual had a child care license revoked or denied.

I. Position Information at Hire

Position Title at Hire <i>Director</i>		Date – Began Work (mm/dd/yyyy) <i>2.1.2024</i>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Will this person provide care for infants and toddlers?	<input type="checkbox"/> Full Time (21 or more hours per week)	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Will this person transport children in care?	<input checked="" type="checkbox"/> Part Time (20 or fewer hours per week)	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Will this person be counted in staff-to-child ratios?		

II. Changes to Position Status (e.g., part-time to full-time, promotions, etc.)

a. Change in Status / Position	<input type="checkbox"/> Full Time (21 or more hours per week) <input type="checkbox"/> Part Time (20 or fewer hours per week)	Effective Date
b. Change in Status / Position	<input type="checkbox"/> Full Time (21 or more hours per week) <input type="checkbox"/> Part Time (20 or fewer hours per week)	Effective Date
c. Change in Status / Position	<input type="checkbox"/> Full Time (21 or more hours per week) <input type="checkbox"/> Part Time (20 or fewer hours per week)	Effective Date
d. Change in Status / Position	<input type="checkbox"/> Full Time (21 or more hours per week) <input type="checkbox"/> Part Time (20 or fewer hours per week)	Effective Date



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8500 West Capitol Drive
Milwaukee, WI-53222
414-431-5004
Fax: 414-431-2959

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SOUTHEASTERN REGIONAL OFFICE
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TB Skin Test

Tariya Boone was given a TB skin test
(Client's Name)

On: Left Arm or Right Arm Date: 2/27/2024

Time of Test: 12:08 AM/PM

Name/Title of the person at administering the test [Signature]

TB test was read on: 3/1/24 Time Test Read: 11:30 AM/PM.

Results: Negative Positive 0 mm of induration at site

Erythema at TB skin site: 0 mm

Signature [Signature] Date: 3/1/2024

Name/Title Dalia Shahwan, NP
Wisconsin Urgent Care
8500 W. Capitol Drive
Milwaukee, WI 53222
Phone 414-431-5004

Chest X-ray is required if test is Positive.

Chest X-ray Result: _____

Examiner: _____

[Large Handwritten Signature]

STAFF HEALTH REPORT – LICENSED CHILD CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 250.05(2)(d) and DCF 251.05(2)(a)3.a. of the Wisconsin Administrative Code. 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: The examining health professional will complete this form, sign Section B, and return the completed form to the individual for placement in the staff file.

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A. STAFF INFORMATION FCC: provider, employee, substitute. GCC: persons who work directly with children except volunteers.

Name (Last, First, MI)

Barne, Tanya D

Position Title

Lead Teacher

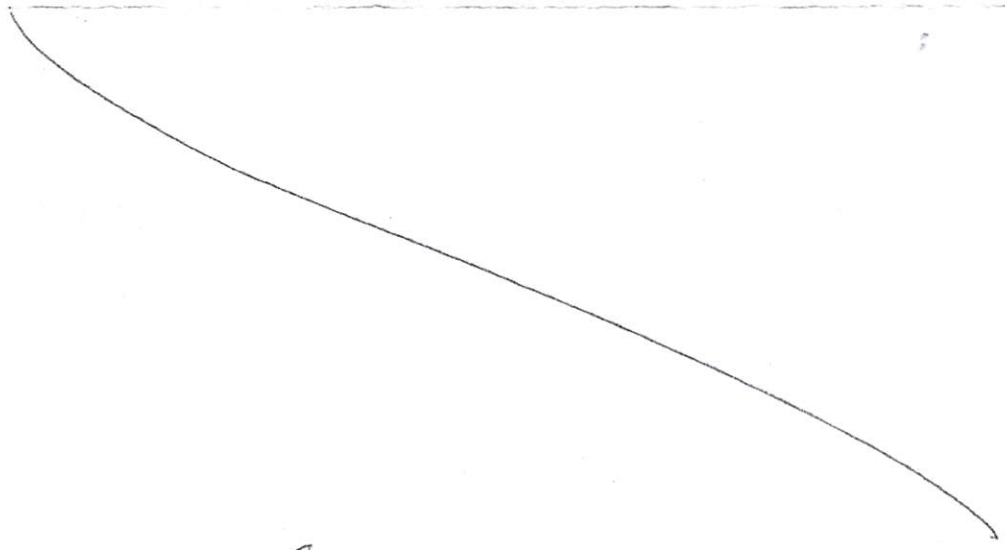
B. PHYSICAL EXAMINATION

Yes No I certify based upon my examination that this person appears free of symptoms of illness, including tuberculosis, or communicable disease that may be transmitted through normal contact.

Yes No I certify based upon my examination that this person appears to be physically able to work with children.

NOTE: This individual will be in contact with children receiving child care services and may be responsible for the physical care and social development of young children during the hours child care is provided. Some lifting of young children may be required.

Comments:



SIGNATURE – MD, PA or other Health Check Provider

[Handwritten Signature]

Name – Examining Health Professional (Type or Print)

DOUG WOIDA PA

Address – Health Professional Office (Street, City, State, Zip)

Douglas J. Woida, MSPAS, PA

Date Signed (mm/dd/yyyy)

2-27-2024