DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/2/2024		608-422-6765

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	
Asra's Family Child Care Center		5000591675 / 001 - 2006881	
Address - Facility (Street, City, State, Zip Code) 5206 Siggelkow Rd Madison WI 537186926	**Telephone Number** 608-838-7866	**Date - Regulation Visit** 9/17/2024	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff I, who has been working longer than 30 days, was missing a physical examination report.	we recieved the physical examination report from the teacher on 9/23/24 and we kept it on her folder	9/23/2024	
2	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: Staff G did not have documentation of current CPR training.	We recieved teacher's cpr card training on 9/24/24 and we kept it on her folder.	9/24/2024	

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3 251.07(5)(a)5m. **Menus - Repeating** Description: The center's daily menu was repeated within a one-week time period several times in the month of September when cheerios, corn flakes and bananas were served twice in one week for breakfast and rice and lentils was served two days in a row for lunch.	we added organs we corrected the center's daily menu and we made it as adiverse menu..	9/30/2024	

NAME - Agency Worker
Rebecca Brickson

Date Issued
9/18/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed