

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

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| <p>Date Correction Plan Due 5/8/2024</p> | <p>TO FILE A COMPLAINT CALL 262-446-7800</p> |
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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.

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| <p>Name - Certified Operator / Licensed Center Southwest Y Base - Orchard Lane Provider Number / Facility ID Number 4000558914 / 022 - 2003027</p> | |
| <p>Address - Facility (Street, City, State, Zip Code) 2015 S Sunnyslope Rd New Berlin WI 531512421</p> | <p>Telephone Number 414-329-3842</p> |

| <p>Rule/Statute Number Noncompliance Statement</p> | <p>Correction Plan</p> | <p>Expected Completion Date</p> | <p>Verification Date</p> |
|--|---|--|-------------------------------------|
| <p>1 251.05(2)(a)4.b. Staff Record - Registry Certificate - School Age Programs Description: Staff A did not have a WI Registry certificate available for review.</p> | <p>Director will work with staff to complete Registry Profile</p> | <p>5/13/24</p> | |
| <p>2 251.05(2)(a)4.d. Staff Record - Educational Qualifications Description: Staff A did not have verification of educational qualifications available for review. Repeat violation: Previously cited on 4/6/2023</p> | <p>Will work with staff to upload copies to staff file</p> | <p>5/13/24</p> | |

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| Address - Facility (Street, City, State, Zip Code) 2015 S Sunnyslope Rd New Berlin WI 531512421 | | Telephone Number 414-329-3842 | Date - Regulation Visit 4/17/2024 |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date |
| 3 | 251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A did not have an approved CPR training available for review. Repeat violation: Previously cited on 4/6/2023 | Staff is signed up for approved course | 5/18/24 |
| | | | Verification Date |

NAME - Agency Worker
Mindi Sablajak

Date Issued
4/22/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Mindi Sablajak

Date Signed

4/22/24