

Date Correction Plan Due 3/18/2019	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 Open Doors Learning Center II		Provider Number / Facility ID Number 7000576257 / 002 - 1008195		
Address - Facility (Street, City, State, Zip Code) 4068 N 68Th St Milwaukee WI 53216		Telephone Number 414-616-8851	Date - Regulation Visit 2/26/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>250.04(6)(a)1. Child Record - Enrollment & Health History Forms</p> <p>Description: Child #2 and #8 had incomplete enrollment forms (missing Physician contact information, field trip permission, and acknowledgment of pets).</p> <p>Repeat violation: Previously cited on 3/21/2018</p>	<p><i>Will make sure all parents check all boxes needed and fill in all information needed on all forms highlight trouble areas</i></p>	2/28/19	
2	<p>250.04(6)(b) Current, Accurate Daily Attendance Record</p> <p>Description: The licensee did not have accurate attendance records after reviewing the attendance records on this monitoring visit; 2 children were not signed-out as well as 2 children were not signed-in after reviewing the attendance records.</p> <p>Repeat violation: Previously cited on 3/21/2018</p>	<p><i>Will reinstruct staff to sign each child in + out immediately when they enter and exit and also double check. Will post a sign as a reminder</i></p>	2/28/19	<p align="center">RECEIVED STATE OF WISCONSIN MAR 14 2019 SOUTHEASTERN REGIONAL OFFICE DCF DECE BECR</p>

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3	250.05(1)(b)7. Provider Training - Shaken Baby Syndrome Prevention Description: Staff A did not have documentation of Shaken Baby Syndrome (SBS) training in her file. Repeat violation: Previously cited on 3/21/2018	<i>Staff member will enroll in class for Shake + Baby Syndrome training</i>	<i>4/12/19</i>	
4	250.05(3)(L) Procedure - Number, Names, Whereabouts Known At All Times Description: The center did not follow the tracking procedures on this monitoring visit when 4 children were not being tracked (2 children were not signed-in and 2 children were not signed-out) after reviewing the attendance records that is used to track children in care. Repeat violation: Previously cited on 3/21/2018	<i>Will reinstruct staff to sign each child in/out immediately when they enter and exit and also double check themselves. Will post a sign as a reminder</i>	<i>2/28/19</i>	
5	250.07(6)(L)1. Health Exam - Child Under Age 2 Description: Child #8 did not have documentation of a physical health examination in his file. (To be repeated every 6 months.)	<i>I will check each file to assure that I have all health checks done on time</i>	<i>3/8/18</i>	
6	250.07(6)(L)2. Health Exam - Child Age Over Age 2 Description: Child #7 did not have documentation of a physical health examination in her file. (To be repeated every 2 years.)	<i>Parent will get a report and I will check each file monthly to assure all records are up to date.</i>	<i>3/8/19</i>	

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NAME - Certification Worker / Licensing Specialist
Tony Paige

Date Issued
3/4/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Matthew M. Pickens

3/10/19