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
5/22/2024		262-446-7800

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
Virginia's Legacy Childcare Llc		6000589376 / 001 - 2003377
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
5840 N 121St St Milwaukee WI 532252139	414-353-6246	5/6/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(3)(e)2. **Provider Training - Current Cpr Certificate** Description: The CPR certificate on file for Staff B was not a course from a department approved provider. Repeat violation: Previously cited on 5/17/2023	licensee will ensure that staff will have the correct approved CPR certificate in their file.	6/1/2024	
2	250.06(2)(e) **Potential Source Of Harm On Premises** Description: In the outdoor play space, nails were observed sticking out of the wooden fence in several areas.	licensee will ensure the safety of all children in the outdoor place concerning the nails sticking out the wooden fence areas.	5/20/2024	

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3 250.06(2)(n)1.b. **Radon - Testing, Current Providers** Description: A radon test was not conducted no later than 6 months after the effective date of subdivision 1. This subdivision went into effect on 03/01/2023.	licensee will insure that a Radon test is taken and results are reported to the department.	6/1/2024	

NAME - Agency Worker
Kristin Keck, Katrina Tarantino

Date Issued
5/8/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
5/15/2024