6/10/2022 Date Correction Plan Due

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NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 262-446-7800

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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 Use of Formal This form is used by certification full censing staff to identify statute and or cardeninistrative rule violation(s) and to puttine imposed plans of correction, if applicable may submit plans of correction however are not required to do so. 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)

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 date(s) for each item. Instructions: The Noncompliance Statement below sidentifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. notice of the sanction and / or penalty and your appeal rights 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 Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, Identify expected completion post your copy of the

| Name - Certified Operator / Licensed Center | Provic | Provider Number / Facility ID Number | nber |
|---|----------------------------------|--------------------------------------|----------------------|
| Crown Jewel Christian Services Llc | 00005 | 0000590630 / 001 - 2005749 | |
| Address - Facility (Street, City, State, Zip Code) 1400 Kingston Ave Racine WI 534023942 | Telephone Number 262-456-6324 | Date - Regulation Visit 5/26/2022 | /isit |
| Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 251.04(6)(a)1. Child Record - Enrollment Information | Had povert submit | | |
| | a la garage | | |
| Description: Child #1 as missing complete enrollment information on file (missing emergency contact). | information | | |
| | | | |
| 2 251.04(6)(a)6. Child Record - Health History | Had powert Submit | | |
| Description: Child #7 was missing documentation of Health History and Emergency Care Plan. | amergency care before | | |

Page 2 of 5

251.04(6)(a)6m.

Noncompliance Statement

Child Record - Immunization History

Crown Jewel Christian Services Llc Name - Certified Operator / Licensed Center

Address - Facility (Street, City, State, Zip Code)

1400 Kingston Ave Racine WI 534023942

Rule/Statute Number

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Correction Plan

262-456-6324

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Date - Regulation Visit

Telephone Number on 1 - 2005749

5/26/2022

0000590630 / 001 - 2005749

Expected

Verification

Completion Date

unit(pians) (Nepter) Co.

Facility ID Nur

Provider Number / Facility ID Number

immunization history. Description: Child #2, 6 and 7 were missing documentation of

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Had powers submit

before Child can

251.04(6)(a)8.b

Child Record - Physical Exam - Over 2, Under 5

Description: Child #6 was missing documentation on file of a physical

examination within 3 months of enrollment at the center.

and can return

Had parent submit physical exam before

251.05(2)(a)3.a.

Description: Staff F was missing documentation of a physical Staff Record - Physical Examination

Staff I no longer compleyed with

examination within 30 days of employment at the center

Staff Record - Educational Qualifications 251.05(2)(a)4.d.

Description: Staff F was missing documentation of educational qualifications for the position.

crown Jewel

employed with

Staff Fno longer

~-CFS0294-E (R.06/2011)

| Name | Center | Provider | Servi 000059 | Section 0000590630 / 001 - 2005749 Services 116 | Services Lic |
|------|--|--|---------------------------------|---|----------------------|
| Crow | Crown Jewel Christian Services Lic Address - Facility (Street, City, State, Zip Code) Address - Facility (Street, City, State, Zip Code) Address - Facility (Street, City, State, Zip Code) | Telephone Numbe 262-456-6324 | Selfy adige. | Date - Regulation Visit 5/26/2022 | Sit . City, Sente, 2 |
| 1 | Rule/Statute Number | Correction Plan | inflication | Expected Completion Date | Ventication Date |
| 7 | Noncompliance Statement | Had state all | complete | nie. | And bearing |
| | Shaken Baby Syndrome Prevention Training | Abusive head trauma | trauma | | MOREST. |
| | Description: Staff E and F were missing documentation of completing Abusive Head Trauma training before beginning work with children. | training that day | day | | |
| | | | | | |
| 00 | 251.05(3)(c) Cardiopulmonary Resuscitation Training | scheduled for wed. | and control | | |
| | Description: All staff did not maintain a current certificate in infant and child CPR. | August 24th@ | 6.00pm | | |
| 0 | | Society of the second | | | |
| 9 | Child Tracking Procedure Child Tracking Procedure Description: The tracking sheet in the school-age room was not accurate on the date of the visit as the children who left for school in the morning were not signed out. | Separate diplos for child who for school suppl | diplocard who left supplied and | | |
| 10 | 251.06(10)(f) Bathroom Supplies Description: Paper towels were not available for use for children after | Supplied paper formers | wentory | | |
| | | 118+ +0 CEEP + | 4000 | | |

EH

high barrier.

Description: The outdoor play space was not fully enclosed by a 4

=

251.06(11)(b)7.

Noncompliance Statement Rule/Statute Number

Outdoor Play Space - Enclosure

3

251.06(9)(d)2.a.

Food Storage - Dry Food

zip type bag.

metal, glass or food grade plastic container with a tight fitting cover or Description: A box of cereal was observed opened and not stored in a

Berrais.

Supplied food grade

12

251.06(4)(e) Extension Cord Use

Freezer not in use

so removed card

Description: An extension cord was being used for a freezer.

1400 Kingston Ave Racine WI 534023942

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> Address - Facility (Street, City, State, Zip Code) Crown Jewel Christian Services Llc Name - Certified Operator / Licensed Center

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| Visit | Date - Regulation Visit 5/26/2022 str | 1-5 | Telephone Number 262-456-6324 | 5 8 |
| | 0000590630 / 001 + 2005749 | 000059 | / 004 - 20057 | 300 |
| nber | Provider Number / Faculty ID Number | Provide | OCT / Facility By | 20 |

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| added | Correction Plan apletion Date | Telephone Number 262-456-6324 |
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mber

Name

Date Issued 5/31/2022

Date Signed

SUG

Jennifer Brees

NAME - Certification Worker / Licensing Specialist

DCF-F-CFS0294-E (R.06/2011)

SIGNATURE - Certified Operator or Designee / Licensee or Designee