

Date Correction Plan Due 2/19/2024	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 Reaching Past The Stars Academy		Provider Number / Facility ID Number 6000591316 / 001 - 2006487	
Address - Facility (Street, City, State, Zip Code) 4431 W Kiley Ave Milwaukee WI 532235332		Telephone Number 414-426-7659	Date - Regulation Visit 2/5/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.04(2)(i)1.a. Monitoring Results Posted Description: Monitoring results were posted with no correction plan. ✓	I have the knowledge to now know to post the results with the updated notes on the correction plan.	ASAP
2	250.04(3)(b) Report - Damage To Premises Description: Provider failed to report that the primary bathroom was not in working condition. ✓	I am now aware to report any issues to my licensor within 24 hrs. Bathroom is now working.	ASAP 2-13-2024

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3	250.04(6)(a)1.b. Child Record - Enrollment Information - Parent's Names Description: Parents information on the child enrollment form was blank for Child #2. ✓	This information has been completed	ASAP 2-13-2024	
4	250.04(6)(a)1.d. Child Record - Enrollment Information - Parent Contact Info Description: There was no parent contact information on file for child #2. ✓	This information has been completed.	ASAP 2-13-2024	
5	250.04(6)(a)1.e. Child Record - Enrollment Information - Other Emergency Contact Description: There was no emergency contact information on file for child #2 and Child #3. ✓	This information has been completed.	ASAP 2-13-2024	
6	250.04(6)(a)1.h Child Record - Enrollment Information - Date Of Attendance Description: There was no first day of attendance on file for Child #2. ✓	This information is now completed.	ASAP 2-13-2024	

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7	250.04(6)(a)2. Child Record - Field Trip Permission Description: There was no field trip/other off site-activity participation on file for Child #1, Child #2, or Child #5. ✓ ✓ ✓	This has been completed.	ASAP 2-13-2024	
8	250.04(6)(a)4. Child Record - Physical Exam Description: No Physical exam on file for child #1 or Child #5.	Both Parents have written 2-19-2024 to provide documentation. I will place in files	2-19-2024	
9	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: There was no immunization record on file for child #2 or Child #3. ✓	This has been received and placed in file for Child #2 and #3	ASAP 2-14-2024	
10	250.04(6)(a)5. Child Record - Consent For Emergency Medical Treatment Description: There was no consent for emergency medical treatment on file for child #2. ✓	This information is now completed.	ASAP 2-13-2024	

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11	250.06(2)(m) Premises - Condition & Repair Description: There were multiple areas in the home not maintained in a sanitary condition.	I will ensure the place stays cleaned at all times.	ASAP 2-13-2024	
12	250.06(9)(a) Kitchen Equipment, Utensils, Eating Surfaces Description: Table not cleaned and sanitized before serving breakfast.	I will ensure the eating places stays sanitized always before eating.	ASAP 2-10-2024	
13	250.06(9)(e) Leftover Food Description: Leftover food stored in the refrigerator was not labeled or dated.	I will always store leftovers in a storage container with a date time and initial on there.	ASAP 2-10-2024	
14	250.07(6)(f)6. Medication Administration - As Labeled & Authorized Description: Medication authorization form incomplete for child #3 and #5. ✓	This has been completed	ASAP 2-13-2024	

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15	250.07(6)(h)2. Washroom Provisions Description: There were no paper towels available in bathroom.	I will keep stock of Paper towels in both bathrooms at all times.	ASAP 2-10-2024
			Verification Date

NAME - Agency Worker
Tameka Thompson

Date Issued
2/5/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Stawina Joseph

Date Signed

2-15-2024