

Date Correction Plan Due 5/30/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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 Antonia Bueno		Provider Number / Facility ID Number 9000585889 / 002		
Address - Facility (Street, City, State, Zip Code) 1037 Park Ave Racine WI 534031842		Telephone Number 262-412-4213	Date - Regulation Visit 5/16/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(12)(c) The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Developing A Written Contract That Specifies The Charge For Child Care And The Expected Frequency Of Payment For The Service. The Contract Shall Be Signed By The Operator And A Parent Or Guardian. Description: No children enrolled had a contract.	<i>el Contrato tiene que firmarse antes de empezar</i>	7-2024	

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4	202.08(4)(a) Health Form: A Certified Child Care Operator Shall Have A Current Report Of A Physical Examination On File For Each Child, Including The Operator's Own Children, Who Are Not Enrolled In A Public Or Private School. Description: Children 1, X 5, & 14 were missing health reports.	<i>Tengo que asegurarme que los padres tienen que entregar en 45 días para entregar los documentos</i>	<i>7-30-24</i>	
5	202.08(4)(a)2. For A Child 2 Years Of Age Or Older, A Report Of A Physical Examination Conducted Not More Than 2 Years Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 2 Years Thereafter Description: Child 9 did not have an up to date health report.	<i>Asegurarme que los padres entregan el formulario dentro de 45 días de Empezar</i>	<i>7-30-24</i>	
6	202.08(4)(e) The Certified Child Care Operator Shall Have On File For Each Child In Care A Record Of The Child's Immunization History To Document Compliance With S. 252.04, Stats., And Ch. Dhs 144. Description: Child 4 & 5 did not have immunization records on file.	<i>Padres tienen el record disponibles entre 90 días Empezar</i>	<i>6-13-24</i>	<i>6-13-24</i>

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2	<p>202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following:</p> <ol style="list-style-type: none"> 1. The Parents' Home And Work Phone Numbers. 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan. 3. The Parents' Signed Consent For Emergency Medical Care. 4. A Name And Number To Call If The Child Requires Emergency Medical Care. <p>Description: Child 4 did not have an enrollment and health history form.</p>	<p><i>los niños tienen que tener estos documentos antes de empezar</i></p>	<p><i>7-20-24</i></p>	
3	<p>202.08(2)(c) The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.</p> <p>Description: Provider had cleaning supplies accessible to children in Kitchen.</p>	<p><i>Reparo durante la visita</i></p>	<p><i>5-16-24</i></p>	<p><i>5-16-24</i></p>

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7	<p>202.08(4m)(a)1. An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.</p> <p>Description: Provider did not have a written emergency plan.</p>	<p>publicar mi plan de emergencia</p>	7-20-24	
8	<p>202.08(4m)(a)1.a-c An Operator's Emergency Plan Shall Include Procedures For All Of The Following: A. Evacuation, Relocation, Shelter-In-Place, And Lock-Down. B. Communication And Reunification With Families. C. Ensuring That The Needs Of All Children Are Met, Including Children Under 2 Years Of Age, Children With Disabilities, And Children With Chronic Medical Conditions.</p> <p>Description: Provider did not have a written emergency plan.</p>	<p>publicar mi plan de emergencia</p>	7-20-24	
9	<p>202.08(4m)(a)2. The Emergency Plan Under Subd. 1. Shall Be Reviewed Periodically And Practiced As Specified In The Plan.</p> <p>Description: Provider did not have a written emergency plan.</p>	<p>publicar mi plan de emergencia</p>	7-20-24	

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10	202.08(4m)(b) An Operator Shall Have A Written Plan To Prevent And Respond To Food And Other Allergy-Related Emergencies. Description: Provider did not have a written emergency plan.	publicare mi plan de Emergenția	7-20-24

NAME - Agency Worker
Magregor Mianecki-Saylor, Semaja McClain

Date Issued
5/16/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Antonia Bueno

Date Signed

6-18-24

6-18-24