

Date Correction Plan Due 5/2/2024	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 Time Is Of The Essence		Provider Number / Facility ID Number 2000591542 / 001 - 2006738	
Address - Facility (Street, City, State, Zip Code) 2549 N 38Th St Milwaukee WI 532103006		Telephone Number 414-517-9649	Date - Regulation Visit 4/15/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Staff A did not have a current CPR certificate accessible or present in the staff file during the monitoring visit.	Staff will receive CPR Certificate.	May 08 2024	
2 250.06(2)(k) Deteriorating Or Toxic Paint Description: Deteriorating and chipped paint was observed on a garage door accessible to children in the outdoor play space.	garage door was fixed and area was covered.	April 16, 2024	

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2549 N 38Th St Milwaukee WI 532103006		Correction Plan	Expected Completion Date
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3	250.06(2)(m) Premises - Condition & Repair Description: The following items were not maintained in a good repair: bathroom vent was not connected to the wall, loose cording was no longer connected to the back of the home in the outdoor play space and the screen connected to the door leading to the outdoor space was torn.	Bathroom vent was connected back to wall. Cording out was also taped up in place and screen was also taped in place.	4/16/2024
4	250.06(3)(b) Emergency Plans - Practice Description: The safety and emergency response documentation form for testing of carbon monoxide and smoke detectors and practice drills were not completed for the following months: January, February and March.	Smoke detector and Carbon was checked and forms were filled out up to date.	4/15/2024
5	250.06(9)(h) Meals & Snacks - Minimum Meal Requirements Description: Minimum meal requirements were not met for a snack provided to children that included : cheez-its, fruit snacks and juice.	Moving forward employees will follow The CACFP meals and snack guide lines.	4/16/2024

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6 250.07(6)(g)1. Hand & Face Washing Description: Hand sanitizer was used for children and staff prior to children being served meals in replacement of handwashing, although a sink was accessible, also a staff member did not wash their hands after wiping a child's nose.	Moving Forward each child will do hand washing with soap and water. And also staff will wash hands after wiping child's nose.	4/16/2024	

NAME - Agency Worker
Lenisa Lee

Date Issued
4/18/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Lenisa Lee

Date Signed

04/28/2024