

Date Correction Plan Due 3/8/2019	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 Falling Into Loving Arms Cc Prsch		Provider Number / Facility ID Number 7000576567 / 004 - 2000102	
Address - Facility (Street, City, State, Zip Code) 7945 N 76Th St Milwaukee WI 532233947		Telephone Number 414-915-5674	Date - Regulation Visit 2/19/2019
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	251.06(7)(a) Indoor Space - Square Footage Per Child Description: The infant room measures for 6 children to have 35 square feet per child and there were 8 infants in the room at the time of the visit.	2 CHILDREN WERE MOVED TO ANOTHER CLASS	2-19-19 RECEIVED STATE OF WISCONSIN MAR 11 2019 SOUTHEASTERN REGIONAL OFFICE DCF DECE BECR
2	251.09(4)(a)9. Infant & Toddler - Handwashing When Diapering Description: The staff in the infant room did not wash her hands and the babies hands after the changing of a diaper.	THE STAFF USED HAND SANITIZER BEFORE PUTTING ON gloves to diaper the CHILD. The STAFF WAS GIVEN THE CORRECT procedure for HANDWASHING & DIAPER CHANGING	2-19-19

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3	251.09(4)(b) Infant & Toddler - Sinks In Self-Contained Area Description: The sink that was labeled hand washing only was used for cleaning bottles and toys.	ITEMS WERE REMOVED FROM THE SINK. SIGNAGE WAS ADDED TO SPECIFY HAND WASHING.	2-19-19

NAME - Certification Worker / Licensing Specialist
Rhonda Brueggemann, Mindi Sabljak

Date Issued
2/21/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Shawn B Platter

Date Signed

3-7-19