DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
3/10/2020	PLAN	262-446-7800

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		Provid	Provider Number / Facility ID Number		
allin	ng Into Loving Arms Cc Prsch	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 2/25/2020		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
аланда от дела от	251.04(2)(L)1.a.  Monitoring Results Posted  Description: The results of the most recent licensing inspection (non-compliance statement) was not posted in an area visible to parents.	The Non compliance Stellament was posted	2/26/20		
	251.04(6)(a)8.a.  Child Record - Physical Exam - Under 2  Description: Child #2 and #5 were missing documentation of an updated health examination within 6 months of the previous exam on file.	Parents were MADE AWATE OF the updated health information needed Wals given 30 days to take care of	3/25/20		

Nam	e - Certified Operator / Licensed Center	Provid	der Number / Facility ID Nur	mber	
Falling Into Loving Arms Cc Prsch		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 2/25/2020		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
3	251.05(2)(a)3.a.  Staff Record - Physical Examination  Description: Staff A did not have on file documentation of a physical examination.	staff & NAS given 30 days to complete physical examination	3/25/20		
4	251.05(3)(c) Cardiopulmonary Resuscitation Training  Description: Staff C is missing documentation or a current certificate in infant and child CPR.	Staff C was given 36 down to complete CPIL regulirements.	3/25/20		
5	251.055(2)(d)  Mixed Age Group With Children Under Age 2 - Group Size  Description: The group size was exceeded in the Rainbow room. Two children under the age of 2 years were in a group of 10 (exceeding the group size of 8).	The two children under a was placed in their correct AGED rooms	2/25/20		

Falling Into Loving Arms Cc Prsch 70005				
Telephone Number 414-915-5674	Date - Regulation \ 2/25/2020	Date - Regulation Visit 2/25/2020		
Correction Plan	Expected Completion Date	Verification Date		
Mashed Potatae Box	2/25/20	3		
with a tight  Was placed IN 21P  Bag while VISIT was	5			
sit. In progress				
Medical Log Book Was updated	2125/20			
were not placed PLOCED IN the CLASSED	m alas/20			
iev	Telephone Number 414-915-5674  Correction Plan  MUSHED POTATOR BOX  Depended and not ner with a tight  Dag While VISIT WAS  IN Progress  Medical Log Book  Was upacited  Thake Book was	Correction Plan  Expected Completion Date  MUSHECI POTATE BOX  Was Placed IN 219  Bag while VISIT was IN Progress  Was updated  Medical Lug Book  Was updated  Thace Book was placed In 219  Jas/20		

Date Issued 2/25/2020
Date Signed

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