

Date Correction Plan Due 1/24/2020	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN		TO FILE A COMPLAINT CALL 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 One Step Ahead Children Ctr Llc		Provider Number / Facility ID Number 4000587984 / 001 - 2001324	
Address - Facility (Street, City, State, Zip Code) 1630 Douglas Ave Racine WI 534042722		Telephone Number 262-637-4000	Date - Regulation Visit 1/9/2020
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(6)(a)1. Child Record - Enrollment Information Description: Documentation of complete contact information for a person authorized and an emergency contact was not observed for a child. Repeat violation: Previously cited on 8/28/2019, 4/24/2018	File has been corrected and files have been revised to ensure completion.	1.17.20	
2 251.05(2)(a)1. Staff Record - Personal Information Description: Documentation of complete staff record information was not observed for 1 employee.	Record has been corrected, files have been revised for completion.	1.17.20	

Name - Certified Operator / Licensed Center

One Step Ahead Children Ctr LLC

Provider Number / Facility ID Number
4000587984 / 001 - 2001324Address - Facility (Street, City, State, Zip Code)
1630 Douglas Ave Racine WI 534042722Telephone Number
262-637-4000Date - Regulation Visit
1/9/2020

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.06(9)(d)1.b. Food Storage - Refrigeration Units Description: The refrigerator in the Black Room was 50 degrees. Repeat violation: Previously cited on 11/16/2018	fridge replaced	1.27.20	
4 251.07(3)(a)2. Indoor Equipment - Construction, Condition Description: Vinyl covered child sized furniture items throughout the center were in poor repair. These items were frayed and worn.	we bought corrective tape to repair soft play areas. They will be replaced when beyond repair.	1.14.20	
5 251.07(6)(i)2. Adult Handwashing Description: A child care worker did not wash her hands after wiping a child's nose.	Employee was reminded of hygienic practices. it will also be reviewed in staff meeting 1.25.2020.	1.25.2020	

NAME - Certification Worker / Licensing Specialist

Colleen Hansel, Mphd Satiliah

Date Issued

1/10/2020

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

1.31.2020

VEHICLE SAFETY INSPECTION

Use of form: Use of this form is mandatory to comply with DCF 52.47(6)(a)1., DCF 57.12(5), DCF 250.08(4)(b), DCF 251.08(7)(a), and DCF 252.09(3)(b). Failure to comply may result in issuance of a noncompliance statement.

Instructions: At 12-month intervals, the licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the Licensing Specialist.

Name - Facility <i>One Stop Hand Child Care</i>		Name - Inspecting Company or Agency <i>Beck's Garage</i>		Name - Inspector <i>Denny Beck</i>		City <i>Kelley</i>		State <i>W.</i>		Zip Code <i>53403</i>	
Vehicle - Year <i>2015</i>		Vehicle - Make <i>Ford</i>		Model <i>T-350 Transit</i>		Color <i>White</i>		Odometer Reading <i>56,034</i>		License Plate Number <i>735-ZVY</i>	
☐ Family Child Care ☒ Group Child Care ☐ RCC for Children and Youth ☐ Day Camp ☐ Group Foster Home											

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
1. Failure indicator light	☒	☐	SAFETY FEATURES	☐	☐
2. System integrity	☒	☐	17. Turn signals operational	☒	☐
3. Pedal reserve	☒	☐	18. Head lights	☒	☐
4. Disc / drum condition	☒	☐	19. Tail lights	☒	☐
5. Hoses and assembly	☒	☐	20. Brake lights	☒	☐
6. Shock absorbers / struts	☒	☐	21. Horn	☒	☐
7. Springs	☒	☐	22. Windows / Windshield (cracks / chips)	☒	☐
8. Shackles	☒	☐	23. Front seat safety belts condition	☒	☐
9. Modifications	☒	☐	24. Back seat safety belts condition	☒	☐
STEEERING	☐	☐	25. Door locks operational	☒	☐
10. Lash	☒	☐	26. Wipers operational	☒	☐
11. Free turning	☒	☐	27. Blades contact	☒	☐
12. Linkage play	☒	☐	28. Blades condition	☒	☐
13. Power system	☒	☐	TIRES - FRONT	☐	☐
14. Leaks	☒	☐	29. Tread depth	☐	☐
15. Legal muffler	☒	☐	30. Matching	☐	☐
16. Tailpipe	☒	☐	31. Condition	☐	☐
			TIRES - REAR	☐	☐
			32. Tread depth	☐	☐
			33. Matching	☐	☐
			34. Condition	☐	☐

Brief Comments - Refer to Item Number

SIGNATURE - Inspector

Date - Inspection
6/18/19

VEHICLE SAFETY INSPECTION

Use of form: Use of this form is mandatory to comply with DCF 52.47(6)(a)1., DCF 57.12(5), DCF 250.08(4)(b), DCF 251.08(7)(a), and DCF 252.09(3)(b). Failure to comply may result in issuance of a noncompliance statement.

Instructions: At 12-month intervals, the licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the Licensing Specialist.

Name - Facility <i>One Step Ahead</i>		Type ☒ Family Child Care ☐ Group Child Care ☐ RCC for Children and Youth ☐ Day Camp ☐ Group Foster Home	
Vehicle - Year 2008	Make Chevy	Model Express	Color Wh.k
Odometer Reading 57,639		License Plate Number	
Name - Inspecting Company or Agency Beckett's Garage		Name - Inspector Denny Beckett	
Address 2731 S. Memorial Dr.		City Racine	
State WI		Zip Code 53403	
Telephone Number (262) 588-7525			

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
1. Failure indicator light	☒	☐	17. Turn signals operational	☒	☐
2. System integrity	☒	☐	18. Head lights	☒	☐
3. Pedal reserve	☒	☐	19. Tail lights	☒	☐
4. Disc / drum condition	☒	☐	20. Brake lights	☐	☐
5. Hoses and assembly	☒	☐	21. Horn	☒	☐
SUSPENSION					
6. Shock absorbers / struts	☒	☐	22. Windows / Windshield (cracks / chips)	☒	☐
7. Springs	☒	☐	23. Front seat safety belts condition	☒	☐
8. Shackles	☒	☐	24. Back seat safety belts condition	☒	☐
9. Modifications	☒	☐	25. Door locks operational	☒	☐
STEERING					
10. Lash	☒	☐	26. Wipers operational	☒	☐
11. Free turning	☒	☐	27. Blades contact	☒	☐
12. Linkage play	☒	☐	28. Blades condition	☒	☐
13. Power system	☒	☐	TIRES - FRONT		
14. Leaks	☒	☐	29. Tread depth	☐	☐
15. Legal muffler	☒	☐	30. Matching	☐	☐
16. Tailpipe	☒	☐	31. Condition	☐	☐
EXHAUST SYSTEM					
32. Tread depth	☐	☐	32. Tread depth	☐	☐
33. Matching	☐	☐	33. Matching	☐	☐
34. Condition	☐	☐	34. Condition	☐	☐

Brief Comments - Refer to Item Number

SIGNATURE - Inspector

Denny Beckett

Date - Inspection
4/18/19

VEHICLE SAFETY INSPECTION

Use of form: Use of this form is mandatory to comply with DCF 52.47(6)(a)1., DCF 57.12(5), DCF 250.08(4)(b), DCF 251.08(7)(a), and DCF 252.09(3)(b). Failure to comply may result in issuance of a noncompliance statement.

Instructions: At 12-month intervals, the licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the Licensing Specialist.

Name - Facility <i>One Step Ahead Child Care</i>		Vehicle - Year <i>2012</i>		Make <i>Chevy</i>	Model <i>Express</i>	Color <i>White</i>	Odometer Reading <i>81,318</i>	License Plate Number <i>834-VHP</i>	Telephone Number <i>(262) 598-7525</i>	Address <i>3731 S Memorial Dr. Racine</i>	City <i>Racine</i>	State <i>WI</i>	Zip Code <i>53423</i>
Name - Inspecting Company or Agency <i>Beckhoff's Garage</i>		Name - Inspector <i>Denny Beckhoff</i>											

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
1. Failure indicator light	☒	☐	17. Turn signals operational	☒	☐
2. System integrity	☒	☐	18. Head lights	☒	☐
3. Pedal reserve	☒	☐	19. Tail lights	☒	☐
4. Disc / drum condition	☒	☐	20. Brake lights	☒	☐
5. Hoses and assembly	☒	☐	21. Horn	☒	☐
SUSPENSION					
6. Shock absorbers / struts	☒	☐	22. Windows / Windshield (cracks / chips)	☒	☐
7. Springs	☒	☐	23. Front seat safety belts condition	☒	☐
8. Shackles	☒	☐	24. Back seat safety belts condition	☒	☐
9. Modifications	☒	☐	25. Door locks operational	☒	☐
STEERING					
10. Lash	☒	☐	26. Wipers operational	☒	☐
11. Free turning	☒	☐	27. Blades contact	☒	☐
12. Linkage play	☒	☐	28. Blades condition	☒	☐
13. Power system	☒	☐	TIRES - FRONT		
14. Leaks	☒	☐	29. Tread depth	☐	☐
15. Legal muffler	☒	☐	30. Matching	☐	☐
16. Tailpipe	☒	☐	31. Condition	☐	☐
EXHAUST SYSTEM					
17. Tread depth	☒	☐	32. Tread depth	☐	☐
18. Matching	☐	☐	33. Matching	☐	☐
19. Condition	☐	☐	34. Condition	☐	☐
TIRES - REAR					
20. Lash	☐	☐	21. Condition	☐	☐
22. Free turning	☐	☐	23. Matching	☐	☐
23. Linkage play	☐	☐	24. Tread depth	☐	☐
24. Power system	☐	☐	25. Condition	☐	☐
25. Leaks	☐	☐	26. Matching	☐	☐
26. Legal muffler	☐	☐	27. Tread depth	☐	☐
27. Tailpipe	☐	☐	28. Condition	☐	☐

Brief Comments - Refer to Item Number

SIGNATURE - Inspector

Denny Beckhoff

Date - Inspection

8/17/19

Van #5

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education
DCF-F (CFS-52) (R. 12/2008)

VEHICLE SAFETY INSPECTION

Use of form: Use of this form is mandatory to comply with DCF 52.47(6)(a)1., DCF 57.12(5), DCF 250.08(4)(b), DCF 251.06(7)(a), and DCF 252.09(3)(b). Failure to comply may result in issuance of a noncompliance statement.

Instructions: At 12-month intervals, the licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the Licensing Specialist.

Name - Facility

Our stop Ahead Child Care

Type

☒ Family Child Care ☐ Group Child Care ☐ FCC for Children and Youth ☐ Day Camp ☐ Group Foster Home

Vehicle - Year

2013

Make

Ford

Model

F-350

Color

Gold

Odometer Reading

License Plate Number

674-LYH

Name - Inspecting Company or Agency

Beck's Garage

Name - Inspector

Denny Beck

Address

2731 Memorial Dr.

City

Rock

State

W

Zip Code

5345

Telephone Number

(252) 548-7525

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	☐	☐	SAFETY FEATURES	☐	☐
1. Failure indicator light	☒	☐	17. Turn signals operational	☒	☐
2. System integrity	☒	☐	18. Head lights	☒	☐
3. Pedal reserve	☒	☐	19. Tail lights	☒	☐
4. Disc / drum condition	☒	☐	20. Brake lights	☒	☐
5. Hoses and assembly	☒	☐	21. Horn	☒	☐
SUSPENSION	☐	☐	22. Windows / Windshield (cracks / chips)	☒	☐
6. Shock absorbers / struts	☒	☐	23. Front seat safety belts condition	☒	☐
7. Springs	☒	☐	24. Back seat safety belts condition	☒	☐
8. Shackles	☒	☐	25. Door locks operational	☒	☐
9. Modifications	☒	☐	WIPERS / WIPER BLADES	☐	☐
STEERING	☐	☐	26. Wipers operational	☒	☐
10. Lash	☒	☐	27. Blades contact	☒	☐
11. Free turning	☒	☐	28. Blades condition	☒	☐
12. Linkage play	☒	☐	TIMES - FRONT	☐	☐
13. Power system	☒	☐	29. Tread depth	☐	☐
EXHAUST SYSTEM	☐	☐	30. Matching	☐	☐
14. Leaks	☒	☐	31. Condition	☐	☐
15. Legal muffler	☒	☐	TIMES - REAR	☐	☐
16. Tailpipe	☒	☐	32. Tread depth	☐	☐
			33. Matching	☐	☐
			34. Condition	☐	☐

Brief Comments - Refer to Item Number

SIGNATURE - Inspector

Denny Beck

Date - Inspection

4/7/19

P & C INS SERV INC
405 N CALHOUN RD 203
BROOKFIELD, WI 53005
734045 1076 2 AB 0.412 PMIDA03T 006 001076
Named insured
ONE STEP AHEAD CHILDREN
CENTER LLC
1630 DOUGLAS AVENUE
RACINE, WI 53404

** Paid 12/11/20*

Policy number: 06445870-2
Underwritten by:
Artisan and Truckers Casualty Co
December 28, 2019
Policy Period: Jan 4, 2020 - Jan 4, 2021
Page 1 of 2
progressiveagent.com
Online Service
Make payments, check billing activity, print
policy documents, or check the status of a
claim.
1-262-784-0990
P & C INS SERV INC
Contact your agent for personalized service.
1-800-444-4487
For customer service if your agent is
unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your revised Renewal

Declarations Page

PAID

Your coverage begins on January 4, 2020 at 12:01 a.m. This policy expires on January 4, 2021 at 12:01 a.m.
This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852WI (05/11), 4757WI (05/11), 4852WI (04/05), 4881WI (03/11) and Z228 (01/11).
The named insured organization type is a corporation.

PAID

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others	\$500,000 combined single limit		\$2,886
Bodily Injury and Property Damage Liability	\$500,000 combined single limit		
Uninsured Motorist	\$500,000 combined single limit		468
Underinsured Motorist	\$500,000 combined single limit		480
Medical Payments	See Auto Coverage Schedule		183
Comprehensive	See Auto Coverage Schedule		448
Collision	Limit of liability less deductible		1,080
See Auto Coverage Schedule	Limit of liability less deductible		
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			\$5,545

Rated drivers

1. RANDY MUSATEE
2. JUANITA PEREZ
3. MARISOL RIVERA
4. NICHOLE LAPOINT
5. GABRIELA MORENO
6. VERONICA MARTINEZ
7. KORYNA FRANCO

Your ID Cards

Keep these cards handy—in your wallet or glove compartment—and contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

Progressive Customer



PROGRESSIVE

INSURANCE IDENTIFICATION CARD - Wisconsin

Policy Number: 06445870-2 NAIC Number: 10194
Effective Date: 01/04/2020 Expiration Date: 01/04/2021

Policy Type: Commercial
Insurer: Artisan and Truckers Casualty Co. 1-800-444-4487
PO Box 94739 Cleveland, OH 44101

Named Insured(s):
ONE STEP AHEAD CHILDREN
CENTER LLC

Your agent:
P & C INS SERV INC 1-262-784-0990
405 N CALHOUN RD 203
BROOKFIELD, WI 53005
Year Make
2008 Chevrolet

Model VIN
Express Cutaway 1GBHG31C81109846

FOLD PAGE ALONG PERFORATION AND TEAR

Manage your policy anytime
with just a few clicks at
progressiveagent.com

INSURANCE IDENTIFICATION CARD - Wisconsin

Policy Number: 06445870-2 NAIC Number: 10194
Effective Date: 01/04/2020 Expiration Date: 01/04/2021

Policy Type: Commercial
Insurer: Artisan and Truckers Casualty Co. 1-800-444-4487
PO Box 94739 Cleveland, OH 44101

Named Insured(s):
ONE STEP AHEAD CHILDREN
CENTER LLC

Your agent:
P & C INS SERV INC 1-262-784-0990
405 N CALHOUN RD 203
BROOKFIELD, WI 53005
Year Make
2015 Ford

Model VIN
T-350 Transit W 1FB2X2ZM9FA62308

FOLD PAGE ALONG PERFORATION AND TEAR

Manage your policy anytime
with just a few clicks at
progressiveagent.com

FOLD PAGE ALONG PERFORATION AND TEAR

Your ID Cards

Keep these cards handy—in your wallet or glove compartment—and contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

Progressive Customer



PROGRESSIVE

FOLD PAGE ALONG PERFORATION AND TEAR

INSURANCE IDENTIFICATION CARD - Wisconsin

Policy Number: 06445870-2 MAIC Number: 10194

Effective Date: 01/04/2020 Expiration Date: 01/04/2021

Policy Type: Commercial

Insurer: Artisan and Truckers Casualty Co 1-800-444-4487

PO Box 94739 Cleveland, OH 44101

Named Insured(s):

ONE STEP AHEAD CHILDREN

CENTER LLC

Your agent:

P & C INS SERV INC 1-262-784-0990

405 N CALHOUN RD 203

BROOKFIELD, WI 53005

Year Make

Model

VIN

2013 Ford

Econo/Club Wgn

1FBNFB9DDA65514

FROM LEFT TO RIGHT: FOLD HERE TO TEAR OUT CARD. FOLD HERE TO TEAR OUT CARD. FOLD HERE TO TEAR OUT CARD.

Manage your policy anytime
with just a few clicks at
progressiveagent.com

FOLD PAGE ALONG PERFORATION AND TEAR

INSURANCE IDENTIFICATION CARD - Wisconsin

Policy Number: 06445870-2 MAIC Number: 10194

Effective Date: 01/04/2020 Expiration Date: 01/04/2021

Policy Type: Commercial

Insurer: Artisan and Truckers Casualty Co 1-800-444-4487

PO Box 94739 Cleveland, OH 44101

Named Insured(s):

ONE STEP AHEAD CHILDREN

CENTER LLC

Your agent:

P & C INS SERV INC 1-262-784-0990

405 N CALHOUN RD 203

BROOKFIELD, WI 53005

Year Make

Model

VIN

2012 Chevrolet

Express G3500

1GAZG1FGC1149397

FROM LEFT TO RIGHT: FOLD HERE TO TEAR OUT CARD. FOLD HERE TO TEAR OUT CARD. FOLD HERE TO TEAR OUT CARD.

Manage your policy anytime
with just a few clicks at
progressiveagent.com