

Date Correction Plan Due	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL
--------------------------	--	--------------------------

**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 Open Arms Learning Center	Provider Number / Facility ID Number 8000591318 / 001
--	--

Address - Facility (Street, City, State, Zip Code) 637 S 104Th St West Allis WI 532141104	Telephone Number 414-499-0495	Date - Regulation Visit 4/24/2024
--	----------------------------------	--------------------------------------

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>202.08(1m)(f) A Provider, Substitute, Employee, Or Volunteer For A Certified Child Care Operator Shall Be Approved By The Certification Agency Before The Person Begins Working In The Certified Child Care Program. The Certification Agency May Approve The Provider, Substitute, Employee, Or Volunteer If The Agency Has Verification That The Individual Has Met The Standards Under Sub. (1) (A) And (B) And Has Been Determined Eligible By The Department Under S. 48.686 (4P), Stats., And S. DCF 13.06.</p> <p>Description: IL was not able to verify that the staff person hired had a completed Physical/TB Health Form(exceeded the 30 days).</p>	<p>I will not allow volunteer to work under NO circumstance. unless documentation is verified.</p>	<p>5/28/2024</p>	<p></p>

Name - Certified Operator / Licensed Center Open Arms Learning Center		Provider Number / Facility ID Number 8000591318 / 001	
Address - Facility (Street, City, State, Zip Code) 637 S 104th St West Allis WI 532141104		Telephone Number 414-499-0495	Date - Regulation Visit 4/24/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
2	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: IL was not able to verify immunizations for a child enrolled since 12/2023.	Ensure all children immunizations are up to date in child's folder.	5/17/2024

NAME - Agency Worker  
Tammy Saffold

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

5/15/2024