

Date Correction Plan Due 4/12/2024	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 Epic Childcare Llc		Provider Number / Facility ID Number 8000591448 / 001 - 2006631		
Address - Facility (Street, City, State, Zip Code) 5949 S 27Th St Greenfield WI 532214802		Telephone Number 414-916-2290	Date - Regulation Visit 3/26/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)2. Staff Record - Completed Background Check Description: There was no preliminary or final eligibility background check on file for Staff B.	Volunteer is no longer volunteering at center. Background checks will be conducted on all volunteers.	Immediate 3/26/2024	
2	251.055(2)(b) Staff-To-Child Ratios - Minimum Description: The infant room was observed over ratio with 1 teacher to 5 children.	infant room will maintain 1:4 ratio	Immediate 3/26/2024	

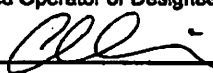
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3	251.07(6)(dm)3.a. Medical Log - Observation Or Evidence Of Injury Description: There was no entry in the medical log book for Child #6 who arrived at the program with visible marks and bruises on her face.	Children arriving at center with scratches and/or bruises will be documented in medical log book.	Immediate 3/26/24	
4	251.09(1)(L) Infant & Toddler - Soft Materials In Cribs Description: Infant observed sleeping in a playpen with a blanket.	Infant will sleep in sleepsack to keep warm.	Immediate 3/26/24	
5	251.09(2)(bm) Infant & Toddler - Sleep Position Description: Infant was observed sleeping in a car seat and not safely placed on their back to sleep.	Infant will be placed in playpen immediately upon arrival if napping.	Immediate 3/26/24	
6	251.09(3)(a)9. Infant & Toddler - Bottle Feeding Description: Infant observed sleeping in a play pen with a propped bottle.	Infant bottles will not be propped.	Immediate 3/26/24	

NAME - Agency Worker
Tameka Thompson, Crescenta Sabree

Date Issued
3/29/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



3-29-2024