Date Correction Plan Due 3/30/2020	**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.

RECEIVED
STATE OF WISCONSIN
MAR 19 2020
SOUTHEASTERN REGIONAL OFFICE
DCF DECE BECR

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number
Tree Of Life Christian Preschool		2000563552 / 002 - 2001765
Address - Facility (Street, City, State, Zip Code) 819 E Silver Spring Dr Whitefish Bay WI 532175233	Telephone Number 414-964-8733	Date - Regulation Visit 3/12/2020

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(b) **Current, Accurate Daily Attendance Record** Description: The Sunshine room did not maintain a current, accurate written record of the daily attendance, on 3-10-20 two children were not signed out and on this monitoring visit, 3-12-20, five children were not signed in (2 of them were absent but it was indicated) after reviewing the attendance records.	A new attendance sheet will be implimented upon return to school Teachers will be responsible for completing	4-13-20 or when school reopens.	
2	251.04(8)(b) **Biennial Training - Child Abuse & Neglect** Description: Staff A (hired 8-19-19) and Staff B (hired 9-9-19) did not have documentation of current Child Abuse and Neglect (CAN) biennial training in their files.	The staff members have class information and will complete class.	5-15-20	

[illegible]

[illegible]

[illegible]

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Tree Of Life Christian Preschool	2000563552 / 002 - 2001765

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819 E Silver Spring Dr Whitefish Bay WI 532175233	414-964-8733	3/12/2020

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(2)(a)6. **Staff Record - Days & Hours Worked** Description: The center did not maintain documentation of the Teachers days and hours worked, and in which classroom they worked.	The new attendance sheet will reflect what teacher was in each classroom.	4-13-20 or when our school reopens.	
4	251.05(4)(c)2. **Continuing Education Requirement - Part Time Staff** Description: Staff A did not have documentation of the required 15 hours of continuing education for 2019.	Staff member will complete the hours needed.	5-30-20	
5	251.055(1)(f) **Child Tracking Procedure** Description: The center did not follow their procedure to track children in care by use of the attendance records, because on this monitoring visit, 3-12-20, five children were not signed-in (2 of them were absent but it was indicated) and were being tracked after reviewing the attendance records.	The new attendance sheet will be implemented and teachers will be responsible for attendance	4-13-20 or when our school reopens	
6	251.06(2)(b) **Electrical Or Hot Surface Protection** Description: There was no cover/guard on the outlet next to the sink in the Rainbow room.	A cover was put on the outlet	3-12-20	

[illegible]

[illegible] room

Condition: There was no [illegible] on the sink in

7 Electrical Outlet Not Surface Protection

Rule 3(2)(b)

[illegible] recorded.

[illegible] and were [illegible] the

[illegible] records.

Observation: The center did not follow their procedure in core by use of the attendance records. Based on observation, 3-12-20, five children were not signed in this month. Two children were shown [illegible]

8 Child Tracking Procedure

Rule 7(1)(a)

[illegible] to track children when they [illegible]

Date of correction: [illegible]

Description: Staff A and not have documentation [illegible] to receive [illegible]

Continuing Education Requirement - Part Time

Rule 2(4)(a)(ii)

Date of correction: 3-17-20

Description: Staff A and not have documentation [illegible] to receive [illegible]

Continuing education requirements for part time [illegible] worked.

Non-compliance Statement

Rule/Statute Number

Rule 2(2)(a)(ii) Minimum Day / All 5021.17(2)(c) Ohio Revised Code

Adverse - Facility Name: City Years Top Child Day Care Center

Time Of Life Observation Preschool

Plans - Certified Operating Licensed Center

814 E 8th St Spring Dr

Rule 3(2)(b)

Staff Record - Days & Hours Worked

Non-compliance Statement

Description: The center did not maintain documentation of the days and hours worked, and in which [illegible] worked.

Correction Plan

Correction Date

Telephone Number

2019-04-22

Exceeded

Verification Date

Verification

Provider Number / Facility ID Number

3006386355 / 0001788

Date - Registration Mail

Closed

Closed

Exceeded

Verification Date

Verification

Provider Number / Facility ID Number

3006386355 / 0001788

Date - Registration Mail

Closed

Closed

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Tree Of Life Christian Preschool		2000563552 / 002 - 2001765	
Address - Facility (Street, City, State, Zip Code) 819 E Silver Spring Dr Whitefish Bay WI 532175233		**Telephone Number** 414-964-8733	**Date - Regulation Visit** 3/12/2020

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7	251.06(4)(j) **Fire Alarms & Smoke Detectors - Maintenance, Drills, Testing** Description: There was no documentation of smoke detector testing for the months January and February 2020. (A signaling device, such as a smoke detector shall be used to conduct monthly fire evacuation drills. The licensee shall document that the fire detection and prevention systems are monitored by a fire prevention on the State form.)	A signaling device is currently used for monthly drills and will be tested and documented going forward.	3-12-20	

NAME - Certification Worker / Licensing Specialist
Tony Paige

Date Issued
3/16/2020

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Rebecca S. McNeneney

Date Signed
3-16-20

DCF-F-CFS0294-E (R.06/2011)

Name - Certified Operator / Licensed Center

Tree Of Life Christian Preschool

Address - Facility (Street, City, State, Zip Code)
819 E Silver Spring Dr Whitefish Bay WI 53217[illegible]

Rule/Statute Number
Noncompliance Statement

7 251.06(4)(j)
Fire Alarms & Smoke Detectors - Maintenance, Drills, Testing

Description: There was no documentation of [illegible] detector testing for the months January and February 2020. A signaling device, such as a smoke detector shall be used to conduct monthly fire evacuation drills. The licensee shall document that the fire [illegible]tion and prevention systems are monitored by a fire p[illegible] from the State form.)

Telephone Number
414-964-8722

Correction Plan

Provider Number / Facility ID Number
2000[illegible]

Date - Regulation Visit
3/12/20

Expected Completion Date

Verification Date

NAME - Certification Worker / Licensing Specialist
[illegible]

SIGNATURE - Certified Operator or Designee / Licensee or Lic[illegible]

Date Issued
3/16/2020

Date Signed