

JUL 15 2019

Date Correction Plan Due 7/22/2019	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 608-422-6765
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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 Tenney Nursery And Parent Ctr Inc		Provider Number / Facility ID Number 3000558183 / 001 - 120309		
Address - Facility (Street, City, State, Zip Code) 1321 E Mifflin St Madison WI 53703		Telephone Number 608-255-3250	Date - Regulation Visit 7/8/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(1)(c) Cardiopulmonary Resuscitation Training  Description: Staff B did not maintain a current certificate of completion for infant and child CPR/AED.  Repeat violation: Previously cited on 5/21/2018	Staff B will complete CPR / AED Training	7/13/19	
2	251.06(3)(a) Emergencies - Post & Practice Written Plans  Description: There was no documentation of the monthly fire evacuation plan and tornado drill for the months of May and June 2019.	Fire and tornado drills will be completed monthly and documented.	7/20/19	

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3	251.06(4)(j) Fire Alarms & Smoke Detectors - Maintenance, Drills, Testing  Description: There was no record of the fire alarm and smoke detector tests for the months of May and June 2019.	J & K Security Solutions tested and inspected system 5-22-19 was not recorded on form monthly inspections will continue	7-27-19
4	251.07(6)(j)9. Reviewing Injury Records  Description: There was no documentation in the medical log books for the Butterfly Room and the Rainbow Room that records of injuries were reviewed with staff every 6 months.	Log book will be reviewed every 6 months and documented.	7-9-19

NAME - Certification Worker / Licensing Specialist  
Amy Anderson

Date Issued  
7/8/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*[Handwritten Signature]*

Date Signed  
7/10/19