

| | | |
|--|--|---|
| Date Correction Plan Due 4/16/2025 | 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 Acelero Learning - Cudahy | | Provider Number / Facility ID Number 0000587890 / 004 - 2001468 | | |
| Address - Facility (Street, City, State, Zip Code) 5885 S Packard Ave Cudahy WI 531102615 | | Telephone Number 414-482-0101 | Date - Regulation Visit 4/2/2025 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | 251.04(6)(a)6. Child Record - Health History Description: The health history form on file for Child #2 was incomplete. The child has asthma, which was not checked on the first page of the health history, and the second page was left blank. | Health history for Child #2 was updated to ensure it was complete. Health Advocates review and update health history forms when new medication is received to ensure it is complete. | 4 / 4 / 25 | |
| 2 | 251.05(3)(gr)3.a. Meal Prep Personnel - Training Description: Staff D, identified as kitchen staff, did not have 4 hours training in kitchen sanitation, food handling, and nutrition prior to beginning work. | Staff D received the required training and returned to the kitchen. We have updated our onboarding training for kitchen staff to ensure we are meeting all licenising requirements | 4 / 11 / 25 | |

| | | | | |
|---|--|---|--|--------------------------|
| Name - Certified Operator / Licensed Center Acelero Learning - Cudahy | | Provider Number / Facility ID Number 0000587890 / 004 - 2001468 | | |
| Address - Facility (Street, City, State, Zip Code) 5885 S Packard Ave Cudahy WI 531102615 | | Telephone Number 414-482-0101 | Date - Regulation Visit 4/2/2025 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 3 | 251.06(2)(gm) Premises - Well Drained, Clean, In Good Repair Description: A chair in Room #1 had a tear in it. | The chair in room 1 was discarded. | 4 / 2 / 25 | |
| 4 | 251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: The medication authorization form on file for Child #1 did not include an interval or length of authorization. The medication authorization form on file for Child #2 only included one date, not an interval or length of authorization. | We reviewed and retrained advocates on the process of completing the medication authorization form to ensure the form updated complete and correct. | 4 / 4 / 25 | |

NAME - Agency Worker
Katrina Tarantino

Date Issued
4/2/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Christina Herrera

Date Signed
4/8/25