DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 12/30/2024	**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	**Provider Number / Facility ID Number**
A Step Above Child Care Llc	5000591805 / 001 - 2007035

Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
7984 W Appleton Ave Milwaukee WI 532184501	414-210-3274	12/18/2024

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.04(6)(a)6m. **Child Record - Immunization History** Description: Child 3 & 4 did not have a completed immunization form on file	immunization records will be obtained from parents. Parent was informed and one week to obtain document	Due to facility closure for the holiday 12/30/24	
2	251.04(6)(b) **Current, Accurate Daily Attendance Record** Description: Children in care were not signed in on attendance record form during monitoring visit	Children will be signed in everyday per regulation	12/18/24	

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3 251.05(2)(a)8. **Staff Record - Orientation** Description: Completed Staff orientation form was not available in staff file	Staff will complete orientation form	1/1/2025	
4 251.06(2)(b) **Electrical Or Hot Surface Protection** Description: Electric outlets were exposed and accessible to children	Electric outlets will be covered per regulation	12/18/24	
5 251.06(2)(d) **Access To Materials Potentially Harmful To Children** Description: Bleach water was accessible to children in bathroom	Bleach water will be removed from bathroom	12/18/24	

NAME - Agency Worker
Tiarra Trammell

Date Issued
12/23/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
B. R

Date Signed
12/30/24