

Date Correction Plan Due 2/12/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	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 Learning And Beyond Preschool Llc		Provider Number / Facility ID Number 1000584441 / 001 - 1014042		
Address - Facility (Street, City, State, Zip Code) 6117 Johnson St Mcfarland WI 535589235		Telephone Number 608-838-1466	Date - Regulation Visit 1/25/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)1. Staff Record - Personal Information Description: Staff A did not have a staff record form on file	Staff A's record sheet was in another employees file it was put in the correct file	1/26/24	
2	251.05(2)(a)2. Staff Record - Completed Background Check Description: Staff A and B did not have a completed background check prior to working with children. Repeat violation: Previously cited on 11/21/2022	staff A & B were told they needed to get their finger print background checks done ASAP. They were also told if they did not have them by 2/29/24	2/29/24	

they could not work at hie B until they were done

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3	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff A and B did not have a completed physical examination report within 30 days of being hired. Repeat violation: Previously cited on 3/25/2022	Staff A & B only have the TB Test filled out by their dr's. they were told to get the health report (physical part done asap). They have until 3/15/24	3/15/24	
4	251.05(3)(b) Abusive Head Trauma Prevention Training Description: Staff A did not have a completed training on abusive head trauma prevention prior to working with children	staff A watched the training the same day as another employee but didn't fill out the portion to print her certificate she has since done so	2/29/24	
5	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A, B and C did not have a completed a current CPR training. Repeat violation: Previously cited on 3/25/2022	Have scheduled a CPR/First Aid class at the center for 3/19/24 for all employees who may need CPR/First Aid this year	3/19/24	
6	251.05(3)(f)3. Child Care Teacher - Entry-Level Training Description: Staff A did not have a the completed training to qualify as a teacher prior to assuming the position.	Staff A says she has the training, she is getting a copy of her Registry certificate. She has until 2/29/24	2/29/24	

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7	251.05(4)(a) Staff Orientation - Develop, Implement, Document Description: Staff B did not have a completed orientation within a week beginning work.	Staff A's orientation was complete except for finishing to read the staff hand book & that marking it off. This has been completed.	1/26/24

NAME - Agency Worker
Michelle Garcia

Date Issued
1/29/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Amy Dodge

Date Signed
2/25/24