

Date Correction Plan Due 6/15/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 Christ Church Child Care And Preschool		Provider Number / Facility ID Number 0000561010 / 001 - 1002799		
Address - Facility (Street, City, State, Zip Code) 6109 Washington Ave Racine WI 53406		Telephone Number 262-632-6152	Date - Regulation Visit 6/4/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child #8 did not have on file, documentation of an initial health examination or follow-up health examination since enrollment.	Parents were contacted same day and we were told she'll get it in asap. "Ascension Hospital"	6/28/24	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A did not have on file, documentation of completing training in infant and child CPR within 3 months of employment at the center. Repeat violation: Previously cited on 5/10/2023	Staff A, no longer employed. Her CPR expired on 2/24/2024	6/10/24 Not here.	

JUN/18/2024/TUE 05:29 PM Christ Church UM FAX No. 1 262 632 6322 1609 P. 001

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3	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff A and B did not have on file documentation of completing biennial child abuse and neglect training in laws, identification and reporting procedures. Repeat violation: Previously cited on 5/10/2023	<i>A + B No longer Employed at Christ Church Child care</i>	<i>6/10/24 A ended. B ended 6/5/24</i>	
4	251.055(1)(f) Child Tracking Procedure Description: The tracking of children was not accurate in the □Fits & Giggles□ room as 3 children were moved to other rooms during nap time and were not signed out on the tracking sheet.	<i>Informed the staff to sign out the child who was moved to another room, for the day/naptime.</i>	<i>6/5/24</i>	
5	251.07(6)(dm)2. Medical Log - Pages & Entries Description: An entry dated 5/22/24 in the Little Adventurers classroom was not signed or dated by the person making the entry. Repeat violation: Previously cited on 12/8/2023	<i>In formed Staff to sign all parts of log book + reports</i>	<i>6/7/24</i>	

NAME - Agency Worker
Jennifer Brees, Charlene Langsdorf

Date Issued
6/5/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Mariame Burke

Date Signed
6/17/2024