

Date Correction Plan Due 7/5/2024	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)(l) 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 First Class Child Care Llc	Provider Number / Facility ID Number 7000567997 / 001 - 1002048
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Address - Facility (Street, City, State, Zip Code) 7625 W Becher St West Allis WI 53219	Telephone Number 414-543-4677	Date - Regulation Visit 5/29/2024
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: The Physical Examination report on file for Staff C does not indicate that Staff C is "physically able to work with young children." Repeat violation: Previously cited on 9/6/2022	Staff will receive a new physical this appointment for 6/10/24	6/10/24	

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2	<p>251.05(2)(a)6. Staff Record - Days & Hours Worked</p> <p>Description: Documentation of the days and hours worked, and in which classroom, when the person was included in the staff-to-child ratio is incomplete. Per a review of staff hours for the weeks of 4/29/24-5/3/24 and 5/6/24-5/10/24, departure times were not recorded on multiple days for various staff members when documenting which classroom they worked in.</p> <p>Repeat violation: Previously cited on 9/27/2023</p>	<p>Talked with all teachers about signing out of rooms. Also put a reminder note by the time clock to remind them to check up they signed out of room</p>	5/30/24	
3	<p>251.07(6)(f)5. Medication Administration - As Labeled & Authorized</p> <p>Description: A prescription diaper cream was not administered as authorized by the parent when staff failed to administer one of the authorized doses.</p>	<p>Talked to teachers about making reminders for medication. Will also again address at staff meeting on 6/30/24</p>	5/30/24	
4	<p>251.09(1)(c) Infant & Toddler - Documenting Changes In Development</p> <p>Description: Per a review of a sampling of Infant/Toddler Intake forms not all of the forms have been updated every three months as required.</p> <p>Repeat violation: Previously cited on 9/27/2023</p>	<p>All forms have been updated + a chart was made for teachers as a reminder when due</p>	5/29/24	

NAME - Agency Worker: Maureen Slatten, Sara Cooney
 Date Issued: 6/25/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee: 
 Date Signed: 7-1-24