

Date Correction Plan Due 1/26/2024	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 Every Child's Place Inc		Provider Number / Facility ID Number 9000568539 / 001 - 1007264		
Address - Facility (Street, City, State, Zip Code) 3220 30Th Ave Kenosha WI 53144		Telephone Number 262-564-3270	Date - Regulation Visit 1/5/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8.a. Child Record - Physical Exam - Under 2 Description: Child under two health exam did not have an appropriately dated health exam	Notify Parents of the misdate - Request paperwork be corrected (1/5/2024)	1/12/2024	
2	251.06(2)(i) Deteriorating Paint Description: Room 118 was observed with flaking paint along the corner near the windows accessible to children in care Repeat violation: Previously cited on 3/27/2023	Properly prep and paint area (area covered until process is complete)	2/26/2024	

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Every Child's Place Inc

9000568539 / 001 - 1007264

Address - Facility (Street, City, State, Zip Code)

3220 30Th Ave Kenosha WI 53144

Telephone Number

262-564-3270

Date - Regulation Visit

1/5/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	<p>251.06(3)(b)2. Emergencies - Practice Written Plans</p> <p>Description: No documentation for December 2023 emergency drills</p> <p>Repeat violation: Previously cited on 6/29/2022</p>	<p>Update Safety and Emergency Response Form with date and time fire drill occurred</p>	<p>1/5/2024</p>	
4	<p>251.06(4)(jm)2. Fire Alarms & Smoke Detectors - Testing</p> <p>Description: No documentation of December 2023 detection system testing</p> <p>Repeat violation: Previously cited on 6/29/2022</p>	<p>Update Safety and Emergency Response Form with date and time system testing occurred</p>	<p>1/5/2024</p>	
5	<p>251.07(6)(dm)4. Medical Log - Reviewing Injury Records</p> <p>Description: No six month review of the medical log book documented in room 120</p>	<p>Review medical Log books</p>	<p>1/10/2024</p>	
6	<p>251.07(6)(f)6. Current Authorizations For Medications On Premises</p> <p>Description: Authorization for emergency medication in Room 110 expired 11/3/23</p>	<p>Parent fill out new Authorization form for Medication</p>	<p>1/5/2024</p>	

Name - Certified Operator / Licensed Center Every Child's Place Inc		Provider Number / Facility ID Number 9000568539 / 001 - 1007264	
Address - Facility (Street, City, State, Zip Code) 3220 30Th Ave Kenosha WI 53144		Telephone Number 262-564-3270	Date - Regulation Visit 1/5/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
7	251.07(8)(i)2. Adult Handwashing Description: Staff preparing a bottle and then handled the garbage can lid and then returned to preparing the bottle without handwashing	Counsel staff member on proper hand washing policy and procedure	1/5/2024

NAME - Agency Worker
Paul Spink

Date Issued
1/11/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

1/26/2024