



Corrective Action Plan
Licensing Non-Compliance and Violations

School Name: Menomonee Falls

Inspection Date: N/A received Noncompliance on 2/26/25

Noncompliance or violation summary received: 2/26/25

Plan of Correction Due date: 3/11/25

Plan of Correction Submitted: 3/3/25

Today's Date: 3/3/25

1. Violation:

- Standard or Regulation:
251.05(2)(a)2. Staff Record - Completed Background Check

- Summary of the requirement stated in licensing regulations:
 - *Fingerprints for Staff #1 were not completed.*

- The circumstances of the violation:
 - *Staff #1 did not get fingerprinted before the deadline and was not removed from the portal.*

- Correction already made.
 - *Staff #1 is not working in the center and was removed from being active in the portal for Menomonee Falls. They are no longer required to renew fingerprinting.*

- Additional corrections
 - *When we receive notification for fingerprinting, employees will be scheduled for fingerprinting within one week. All persons on the portal are current employees and fingerprinting is up to date.*

I attest that this action plan accurately reflects the actions I have taken or have proposed to take to ensure substantial compliance for my school, teachers, and general operations.

School Director Name: Kristina Hrapsky

School Director Signature: _____




Executive Director Name: Yvette Vana

Executive Director Signature: _____

Date Correction Plan Due 3/11/2025	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.

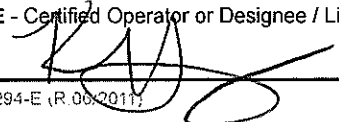
Name - Certified Operator / Licensed Center Children Of America Menomonee Falls		Provider Number / Facility ID Number 8000585138 / 001 - 1014732		
Address - Facility (Street, City, State, Zip Code) N56 W14192 Silver Spring Dr Menomonee Falls WI 53051		Telephone Number 262-373-1710	Date - Regulation Visit 2/21/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)2. Staff Record - Completed Background Check Description: Fingerprints not completed for the following individuals: Individual 002 Repeat violation: Previously cited on 9/11/2023	Fingerprints to be completed by 03/11/25. <i>Employee has been deleted from Portal.</i>	<i>2/27/25</i>	

NAME - Agency Worker
Maynou Thao

Date Issued
2/25/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



2/26/25



Individuals

Enter current and prospective employees and/or household members (age 10 and up) for background check purposes.



Name (/api/CareGiverLocationIndividualApi/GetLocnIndividualData)	Role(s) (/api/CareGiverLocationIndividualApi/GetLocnIndividualData)	Employment Date (/api/CareGiverLocationIndividualApi/GetLocnIndividualData)
Doris L Bailey	Teacher - Lead	08/05/24
Chasity Bivens	Teacher - Assistant	11/25/24
Leah M Burdick	Teacher - Assistant	03/11/24
Dejaneh R Coleman	Teacher - Assistant	02/20/24
Brigitte Daul	Teacher - Assistant	07/01/24
Demetria D Elam	Teacher - Assistant	12/16/24
Monica R Forrest	Teacher - Assistant	04/29/24
Doris S Gooden	Teacher - Lead	08/06/24
Shakeyia Harris	Teacher - Assistant	08/21/24
Takayla Hawthorne	Driver	01/06/25

Navigation: [Previous] [1] [Next]

This individual has information missing that is required for a background check to be completed (e.g., home address or a complete background check request form).

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This is a list of the individuals associated with your Registry provider profile. To add these individuals to your staff list in the Child Care Provider Portal (CCPP):

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- [Press](https://dcf.wisconsin.gov/m-information)
- [Report Child Abuse](https://dcf.wisconsin.gov/reportabuse)
- [Report Fraud](https://dcf.wisconsin.gov/reportfraud)



Individuals

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Name (/api/CareGiverLocationIndividualApi/GetLocnIndividualData)	Role(s) (/api/CareGiverLocationIndividualApi/GetLocnIndividualData)	Employment Date (/api/CareGiverLocationIndividualApi/GetLocnIndividualData)
Ted Hockenberry	Applicant/Licensee	09/13/23
Kristina Hrapsky	Director	04/17/23
Lashonda L Johnson	Teacher - Lead	07/10/23
Jennifer S Kannenberg	Teacher - Assistant	05/01/23
Elizabeth Krahn	Teacher - Lead	05/16/23
Angelina Lacroix	Teacher - Assistant	05/23/23
Amber Leighton	Teacher - Assistant	05/15/23
Shakeda Miller	Teacher - Assistant	06/10/24
Tatianna Neal	Teacher - Lead	11/06/23
Rachel L Palazzo	Teacher - Lead	12/19/24

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Christine A Printz	Director - Assistant	09/07/10
David Saia	Facilities Staff	12/16/24
Cheyenne C Strickland	Teacher - Assistant	12/16/24
Yvette C Vana	Site Supervisor	02/28/23

? This individual has information missing that is required for a background check to be completed (e.g., home address or a complete background check request form).

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