

Date Correction Plan Due 8/8/2018	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.

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 St Francis Children's Center		Provider Number / Facility ID Number 7000560387 / 001 - 220452	
Address - Facility (Street, City, State, Zip Code) 6700 N Port Washington Rd Glendale WI 532173919		Telephone Number 414-351-0450	Date - Regulation Visit 7/24/2018
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	251.04(5)(a)4. Staff File - Physical Examination Report Description: There is not a physical exam or TB test on the state required form for staff G.	This information had been provided to us by the physician on a form other than that required by the state. We have since been provided the required state form. HR and the program manager will conduct a double check process to ensure information is on required form in the future.	August 3, 2018
2	251.05(1)(g)2. Assistant Child Care Teacher - Qualifications Description: Staff A, F and G who have been employed at the center as assistant teachers for over six months have not completed one course in ECE.	Staff A, F, and G were enrolled in an ECE course at the time of the license visit. Two of the employees have already completed the ECE course. The third employee will complete the course by August 31, 2018. We will effectively track the progress and completion of these courses by conducting 2 check-in meetings with the employees that are required to take these courses before the end of the 6-month mark.	August 31, 2018

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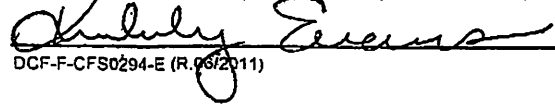
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3	251.06(9)(d)1.b. Food Storage - Refrigeration Units Description: The refrigerator in toddler east is at 44 degrees, and the kitchen freezer is at 2 degrees. Repeat violation: Previously cited on 1/8/2018, 6/14/2017	The refrigerator in Toddler East was turned to a cooler setting immediately. The fridge does maintain 40 degrees and lower. Should it not, we will replace it immediately. We will continue to monitor the temperature. The freezer in the kitchen turned to a colder setting immediately. It does maintain a temperature of 0 degrees and lower. Should it not, we will replace it immediately. We will continue to monitor the temperature.	July 24, 2018

NAME - Certification Worker / Licensing Specialist
Marykay Smet

Date Issued
7/25/2018

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

8/7/2018