Date Correction Plan Due 6/23/2022

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). 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

		oder Number / Facility ID Number 0580537 / 002 - 1010476	
Address - Facility (Street, City, State, Zip Code) 439 W Mitchell Ave Milwaukee WI 53204	Telephone Number 414-383-9676	Date - Regulation Visit 6/3/2022	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification
251.09(1)(c) Infant & Toddler - Documenting Changes in Development Description: Some of the intake forms in the infant room need to be updated every three months.	All Intakes forms were review and updated with parents.	6/09/2000	

NAME - Certification Worker / Licensing Specialist Joel Marquez

Date Issued 6/9/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
4/9/202-2