Date Correction Plan Due 8/6/2023

## 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.

Nan	ne - Certified Operator / Licensed Center	Provider Number / Facility ID Number  9000584199 / 001 - 1014028		
Tota's Little Friends Family Cc  Address - Facility (Street, City, State, Zip Code)  1532 S 83Rd St West Allis WI 53214		Telephone Number 414-607-7271	Date - Regulation Visit 7/26/2023	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
	250.04(6)(a)4.a.  Child Record - Physical Exam - Under 2  Description: There was no documentation on file of an updated health examination within 6 months for child #3.  Repeat violation: Previously cited on 8/12/2021	updated health report was giving to me on 9/10/23	9/10/23	
	250.04(6)(a)4.b.  Child Record - Physical Exam - Over 2, Under 5  Description: There was no documentation of file of an initial health examination for child #4, within 3 months of enrollment at the center.  Repeat violation: Previously cited on 8/12/2021	updated health Report wor groing to me on 8/29/23	9/29/23	

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Correction Plan	Expected Completion Date	Verification Date			
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101000	1				
class will be taked by the month of	12/31/2	3			
	Telephone Number 414-607-7271  Correction Plan  Apologize for my Lack of documenting Attendance was logged Some day of visit  life is changing Courses, again, Apologiz for lack of document It got logged some day of visit  Class will be taken During the month of December	Telephone Number 414-607-7271  Correction Plan  Expected Completion Date  Apology 3e for My Lack of documenting Attendance was logged 7/24/23  Some day of visit  Infe is changing Courses, again, Apologise for lack of documenting It got logged some day of visit  Class will be taken During the month of December  Class will be taken			

Name - Certified Operator / Licensed Center	Number / Facility ID Number 1199 / 001 - 1014028		
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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
250.05(4)(c)4.  Continuing Education - Documentation Of 12 Month Period  The Property of the Party Maintaining continuing	Nope, I have a few months left of being a daycare provider.	8/29/24	
250.09(2)(c) Infant & Toddler - Sleep Position  Description: A child under the age of one was observed placed in a car seat to sleep and the licensee admitted to allowing another infant to sleep in an infant seat and not be placed in a crib or pack and play while napping.	yes, Apologize T'Changed Places from chairs to an criss.	7/27/23	

NAME - Agency Worker Jennifer Brees, Charlene Langsdorf

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Issued 7/26/2023

Date Signed

11/23/23

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