

<b>Date Correction Plan Due</b> 12/2/2019	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Sugar Pie's Learning Center		<b>Provider Number / Facility ID Number</b> 8000589758 / 001 - 2004411		
<b>Address - Facility (Street, City, State, Zip Code)</b> 3272 N 30Th St Milwaukee WI 532163822		<b>Telephone Number</b> 414-484-6103	<b>Date - Regulation Visit</b> 11/15/2019	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	<b>250.04(6)(a)1.</b> <b>Child Record - Enrollment &amp; Health History Forms</b>  Description: Child #6 and #7 (newly enrolled children) had incomplete enrollment forms ( missing authorized pickup person contact information, relationships to child in care, permission for field trips or walks, and acknowledgment of pets at the center).  Repeat violation: Previously cited on 8/12/2019	Child #6 and #7 new enrollment packets have been completed with all information including the following Authorized person Pickups, Relationships to child, Permission slips for field trips walks etc. and acknowledgment of pets at Sugar Pie's Learning Center. All info has been reviewed and filed for child #7.	Immediate	
2	<b>250.04(6)(a)5.</b> <b>Child Record - Consent For Emergency Medical Treatment</b>  Description: Child #7 did not have documentation of permission from the parents for medical attention to be sought if child is injured.	Also Child #7 Has All proper Paper work needed in case the child needs medical attention. All forms has been signed and looked over by licensee. expected comp. date 12/2/19	Immediate	

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3	<p>250.09(1)(c)1. Infant &amp; Toddler - Information For Providing Individualized Care</p> <p>Description: The Licensee did not have documentation of a completed <input type="checkbox"/> Intake for Child Under 2 Years <input type="checkbox"/> form for children under 2 years of age to individualize the program of care for Child #7 (newly enrolled) and the information was not at the center before the child is left for care on this monitoring visit (the child's first day of attendance).</p>	<p>The infant and toddler intake sheets have been completed for Child #7. All documents have been placed in the correct files by licensee.</p> <p>11/18/19</p>	<p>immediate</p>

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STATE OF WISCONSIN

DEC 04 2019

SOUTHEASTERN REGIONAL OFFICE  
DCF DECE BECR

NAME - Certification Worker / Licensing Specialist  
Tony Paige

Date Issued  
11/18/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed