

<b>Date Correction Plan Due</b> 9/19/2024	<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> Ositos Felices	<b>Provider Number / Facility ID Number</b> 0000588780 / 001 - 2002521
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<b>Address - Facility (Street, City, State, Zip Code)</b> 1524 W Howard Ave Milwaukee WI 532211903	<b>Telephone Number</b> 414-616-1087	<b>Date - Regulation Visit</b> 8/15/2024
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	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.05(2)(d)1. <b>Staff File - Physical Examination - Form</b>  Description: Staff B and C did not have completed health reports at the time of review.  Repeat violation: Previously cited on 8/2/2023	La asistente "B" Tiene cita para el 18 de Septiembre para su fisico y prueba de TB. La Auxiliar "C" Tiene cita para el 30 Agosto, para su examen fisico y prueba TB.	9/19/24	
2	250.05(3)(d) <b>Provider Training - Additional Required Provider</b>  Description: At the time of review, there was not evidence that Staff B completed the required trainings for the position.	Se busco la hoja de capacitacion que se habia estirabiado y Se coloco en su folder.	09/09/24	

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3	250.05(3)(e)1. <b>Provider Training - Obtain Cpr Certificate</b>  Description: All staff have a current CPR certificate from a non-approved provider.	itice una Registración para Empleadas A, B, C, para una clase de CPR. Que sea Aprobada por el Departamento del D.E.F. el día Sep-26-24.	09/10/24
4	250.05(3)(fm)1. <b>Child Abuse &amp; Neglect Training - Laws</b>  Description: Staff A and B did not have current child abuse and neglect certificates at the time of review.	ya se actualizo el certificado de abuso y negligencia al personal. A y B en la fecha: 08/16/24.	09/10/24
5	250.06(2)(c) <b>Access To Materials Potentially Harmful To Children</b>  Description: A cupboard under a sink was unsecured with cleaning products accessible to children inside was observed during the visit.	Cambie los productos de limpieza. a un lugar Seguro y no al alcance de los niños. y puse un seguro en el Armario.	09/10/24

**NAME - Agency Worker**  
Anthony Totoraitis, Jane Abshire

**Date Issued**  
8/20/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**