Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
12/12/2023	PLAN	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.

Nam	e - Certified Operator / Licensed Center	Provide	r Number / Facility ID Nu	mber
Ехр	orers Family Day Care	200059	0372 / 001 - 2005411	
Address - Facility (Street, City, State, Zip Code) 3562 S 17Th St Milwaukee WI 532211650		Telephone Number 920-287-1043	Date - Regulation Visit 11/21/2023	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4m. Child Record - Immunization History Compliance		12/11/2023	12/11/2023
	Description: Child #1 did not have documentation of immunizations on file.	for pacties tendros una fecha limite se truer la documentos necessais, con se concletarios process		
2	250.07(6)(f)5.  Current Authorizations For Medications On Premises  Description: There was medication in the refrigerator that did not have a medical authorization on file.	Hather con les sades fora que la bejen mediconentes en la modials di los nins sin cuis y la fora porarloin el libro de accellate y enorganis	11/21/2023	11/22/2023

lame - Certified Operator / Licensed Center	Pròvider Number / Facility ID Number		
Explorers Family Day Care	20005	90372 / 001 - 2005411	
oddress - Facility (Street, City, State, Zip Code) 562 S 17Th St Milwaukee WI 532211650	Telephone Number 920-287-1043	Date - Regulation Visit 11/21/2023	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
250.09(4)(c) Infant & Toddler - Diaper Changing Surface - Safety  Description: The changing pad has rips/tears and is not an easily cleanable surface.	Hade Rowsians fecuents for us his treal corregular.	11/23/2023	11   23   2023

NAME - Agency Worker Joel Marquez	Date Issued 11/28/2023		
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed		
DCF-F-CFS0294-E (R.08/2011)	12/11/2023		