

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

STATE OF WISCONSIN

<b>Date Correction Plan Due</b> 9/17/2020	<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> De Colores Day Care Center		<b>Provider Number / Facility ID Number</b> 4000582474 / 001 - 1011888	
<b>Address - Facility (Street, City, State, Zip Code)</b> 1732 S Muskego Ave Milwaukee WI 53204		<b>Telephone Number</b> 414-385-9032	<b>Date - Regulation Visit</b> 8/21/2020
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	251.04(8)(b) <b>Current, Accurate Daily Attendance Record</b>  Description: In the infant room there was 3 children but only 2 children were signed in to the attendance sheet.	<i>This is a procedure that we have gone over on many trainings. I will develop a better system that ensure this won't happen again.</i>	<i>Sept 2020</i>
2	251.05(4)(c)1. <b>Continuing Education Requirement - Full Time Staff</b>  Description: Staff D did not have 25 hours of continuing education training. Staff D only had documentation of 9 hours of training.  Repeat violation: Previously cited on 7/9/2019	<i>Agripina was enrolled on the continue training but a family issue prevented her from completing it. She will make sure she has the continue education this year.</i>	<i>Dec 2020</i>

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3	251.06(10)(f) <b>Bathroom Supplies</b>  Description: The bathroom in the back of the center did not have paper towel for the children to dry Hands.  Repeat violation: Previously cited on 7/9/2019	a Permanent towel Holder will be Placed in all bathroom to prevent anyone from walking out of the bathroom with the Roll	Sept 2020
4	251.07(6)(dm)2. <b>Medical Log - Pages &amp; Entries</b>  Description: A medical log book entry was missing the date for august.	a training was made and we discussed the importance of always writing the Date and full details on the log	Sept 2020

**NAME - Certification Worker / Licensing Specialist**  
Joel Marquez

Date Issued  
9/3/2020

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

Date Signed

9/4/2020