Date Correction Plan Due 8/19/2024	**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.

Name - Certified Operator / Licensed Center Midwestern Day Care Center		**Provider Number / Facility ID Number** 1000590571 / 001 - 2005649
Address - Facility (Street, City, State, Zip Code) 4209 N 40Th St Milwaukee WI 532161648	**Telephone Number** 414-509-5838	**Date - Regulation Visit** 7/19/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1. **Child Record - Enrollment Information** Description: The following enrollment information was not on file for Child #1: parent's names, address and telephone number, parent contact information, emergency contact (other than the parent(s)) information, medical contact, first date of attendance, and authorized pickup person (other than the parent(s)).	Correction: I will check files every 60 days to ensure all information is there and up to date.	8/20/24	
2	250.04(6)(a)1m. **Child Record - Health History** Description: Health history information was not on file for Child #1.	Correction: I will check files every 60 days to ensure all information is there and up to date	8/10/24	

Name - Certified Operator / Licensed Center			Provider Number / Facility ID Number	
Midwestern Day Care Center			1000590571 / 001 - 2005649	
Address - Facility (Street, City, State, Zip Code) 4209 N 40Th St Milwaukee WI 532161648		**Telephone Number** 414-509-5838	**Date - Regulation Visit** 7/19/2024	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	250.04(6)(a)5. **Child Record - Consent For Emergency Medical Treatment** Description: Written permission from the parent for medical attention to be sought if child is injured was not on file for Child #1.	Correction: I will check all files every 60 days to ensure all information in file is current.	8/10/24	
4	250.05(2)(d)1. **Staff File - Physical Examination - Form** Description: A physical health examination was not on file for Staff A. Repeat violation: Previously cited on 4/26/2024	I recently got a new Physician. Correction: I will make physical appointment 2 months before Expriation date.	8/26/24	
5	250.05(3)(e)2. **Provider Training - Current Cpr Certificate** Description: Current infant/child CPR/AED training was not on file for Staff A. The last infant/child CPR/AED training certificate was expired May 2024.	Correction: I will set my calendar 2 months before my expiration date.	8/20/24	
6	250.09(3)(b) **Infant & Toddler - Food & Formula Brought From Home** Description: A container of formula brought from home did not continue to a label that includes the child's name and a date.	Correction: I will date The milk as soon As the parent drops it off to ensure proper labeling and discard date.	8/20/24	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Midwestern Day Care Center		1000590571 / 001 - 2005649	
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**	
4209 N 40Th St Milwaukee WI 532161648	414-509-5838	7/19/2024	
Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**

NAME - Agency Worker
Crescenta Sabree

Date Issued
8/5/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Neda Brun

Date Signed
8-16-24