5 250.04(6)(a)4.b Child Record - Description: Child does not have a completed not mafter being admit on 3/1/22 but does	4 250.04 Child F Descript complethan 6 to the cen have a	3823 W January 3823 W January 3 250. Chill Healt Healt Repear
Physical Exam - Over 2, Under 5 d #3, a child over the age of 2 and under the age of 5, completed Child Health Report on file that was ore than 12 months prior to nor later than 3 months ted to the center. Child #3 began attending the center as not have a Child Health Report on file.	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child #1, a child under the age of 2 does not have a completed Child Health Report on file that was completed not more than 6 months prior to nor later than 3 months after being admitted to the center. Child #2 began attending the center on 3/1/22 but does not have a Child Health Report on file.	Address - Facility (Street, City, State, Zip Code) Address - Facility (Street, City, State, Zip Code) Rule/Statute Number Noncompliance Statement 250.04(6)(a)1. Child Record - Enrollment & Health History Forms Child Record - Enrollment and health history information on file for Child #2 is incomplete and/or missing. (parent/guardian employment information-incomplete, emergency contact information-missing). Health history information on file for Child #2 is incomplete. The box asking the parent to specify whether or not their child has a specific health condition has been left blank. Repeat violation: Previously cited on 4/5/2022
ateady	alrady	Telephone Number 414-366-2063 Correction Plan Con Con
7.\$3.32	8 e. el. L	Provider Number / Facility ID Number 7000590517 / 001 - 2005574 Date - Regulation Visit 7/12/2022 Expected Completion Date
		risit Verification Date

NAME - Agency Worker Maureen Slatten SIGNATURE - Certified Cheffior or Designee / Licensee or Designee	Alle/Statute Number Rule/Statute Number Noncompliance Statement 250.06(9)(h) Meals & Snacks - Minimum Meal Requirements Description: Per a review of meal records and discussion with the 100 per cent juice is served for lunch instead of milk. Milk is required to be served with all meals.
Date Issued 7/18/2022 Date Signed	Provider Number / Facility ID Number / Facility ID Number / Tolophone Number / 7000590517 / 001 - 2005574 Telephone Number / 7000590517 / 001 - 2005574 414-366-2063 Correction Plan Expected Completion Date Expected Completion Date Post of the Completion Date Post of

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCON

Date Correction Plan Due 7/27/2022 NONCOMPLIANCE STATEMENT AND CORRECTION 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 applic 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(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 Sci may submit plans of correction however are not required to do so.

38 A 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 completely 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 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 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 the section of the section Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing spec

notice of the sanction and / or penalty and your appeal rights.		and in a second initially	mineral for min po Six
Name - Certified Operator / Licensed Center	Provider	Provider Number / Facility ID Number	er
Kiddiland Child Care	7000590	7000590517 / 001 - 2005574	
.ddress - Facility (Street, City, State, Zip Code) 823 W Fairmount Ave Milwaukee WI 532095349	Telephone Number 414-366-2063	Date - Regulation Visit 7/12/2022	sit
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
250.04(2)(h) License Posted & Visible			
Description: The child care license is not posted in a location where parents can see it during the hours of operation. The child care license is not posted.	ghready	ee-e1-h	
250.04(2)(i)1.a. Monitoring Results Posted		2.13-22	
Description: The non-compliance statement and correction plan issued following the 4/5/22 monitoring visit has not been posted next to the child care license as required. The non-compliance statement has not	ahready		
neen posied.			