

Date Correction Plan Due 9/3/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 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.

Name - Certified Operator / Licensed Center Ann's I Care Kids Care		Provider Number / Facility ID Number 0000562160 / 002 - 1009789		
Address - Facility (Street, City, State, Zip Code) 4335 N 49Th St Milwaukee WI 53216		Telephone Number 414-444-7600	Date - Regulation Visit 8/23/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>250.04(6)(b) <b>Current, Accurate Daily Attendance Record</b></p> <p>Description: The attendance was not accurate at the time of the visit. The child that had arrived at 8 a.m. was not signed in. Additionally, the licensee admits to providing care the previous day, however, no children were written in on the attendance record.</p> <p>Repeat violation: Previously cited on 8/17/2023</p>	<p><i>My plan is to make sure that I sign my self and kids in when I walk in door.</i></p>	<p><i>8-24-24</i></p>	

NAME - Agency Worker Jennifer Brees	Date Issued 8/23/2024
SIGNATURE - Certified Operator or Designee / Licensee or Designee <i>Martha Parker</i>	Date Signed <i>8-24-24</i>

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STATE OF WISCONSIN

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