

As a week, in the rows corresponding to the provider's name, record the actual times the provider, additional provider, substitute or emergency backup provider was counted in staff-to-child ratios.

Provider Name and Position Title	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
Provider A: <i>ms. Lynnette Johnson</i>	<i>7:02</i>	<i>9:48</i>	<i>8:00</i>	<i>9:38</i>			<i>8:00</i>	<i>16:30</i>	<i>8:00</i>	<i>16:30</i>	<i>8:00</i>	<i>16:30</i>	<i>8:00</i>	<i>16:30</i>
Provider B:														
Provider C:														
Provider D:														

For each item, Return the original to your certification / licensing specialist for approval and retain a copy in 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		Provider Number / Facility ID Number	
L.C.C.A. Lic		3000587803 / 001 - 2001244	
Address - Facility (Street, City, State, Zip Code) 2929 N 48th St Milwaukee WI 532101736		Telephone Number 414-442-4150	Date - Regulation Visit 9/13/2023
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.05(2)(c) <b>Staff File - Days, Hours Worked</b>  Description: The licensee was not documenting her hours worked when used in ratios.  Repeat violation: Previously cited on 10/4/2022	<i>Provider will document hours of work.</i>	<i>9/14/2023</i>	
2 250.05(3)(e)2 <b>Provider Training - Current Cpr Certificate</b>  Description: The licensee did not have current training in infant and child CPR.	<i>Provider has completed training 9/14/2023</i>	<i>9/14/2023</i>	

NAME - Agency Worker  
Jennifer Brees

SIGNATURE - Certified Operator or Designee / Licensee or Designee  
*[Signature]*

Date Issued  
9/13/2023

Date Signed  
*9/19/2023*

DCF-F-CFS0294-E (R 08/2011)

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