

Date Correction Plan Due 6/12/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	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 Camil Family Child Care		Provider Number / Facility ID Number 4000588154 / 001 - 2001697												
Address - Facility (Street, City, State, Zip Code) 2120 S Muskego Ave Milwaukee WI 532152544		Telephone Number 414-231-9521	Date - Regulation Visit 5/22/2024											
	<table border="1"> <thead> <tr> <th data-bbox="153 719 244 781"></th> <th data-bbox="244 719 932 781">Rule/Statute Number Noncompliance Statement</th> </tr> </thead> <tbody> <tr> <td data-bbox="153 781 244 1023">1</td> <td data-bbox="244 781 932 1023"> 250.05(4)(c)1. Continuing Education - Requirement & Training Topics Description: Staff A did not have 15 hours of continuing education training on file. </td> </tr> </tbody> </table>		Rule/Statute Number Noncompliance Statement	1	250.05(4)(c)1. Continuing Education - Requirement & Training Topics Description: Staff A did not have 15 hours of continuing education training on file.	<table border="1"> <thead> <tr> <th data-bbox="932 719 1449 781">Correction Plan</th> </tr> </thead> <tbody> <tr> <td data-bbox="932 781 1449 1023"> <i>registered for classes</i> </td> </tr> </tbody> </table>	Correction Plan	<i>registered for classes</i>	<table border="1"> <thead> <tr> <th data-bbox="1449 719 1687 781">Expected Completion Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="1449 781 1687 1023"> <i>5/25/24</i> </td> </tr> </tbody> </table>	Expected Completion Date	<i>5/25/24</i>	<table border="1"> <thead> <tr> <th data-bbox="1687 719 1876 781">Verification Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="1687 781 1876 1023"></td> </tr> </tbody> </table>	Verification Date	
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RECEIVED
 STATE OF WISCONSIN
 JUN 11 2024
 SOUTHEASTERN REGIONAL OFFICE
 DCF DECE BECR

NAME - Agency Worker
Joel Marquez

Date Issued
5/29/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Carmen Aquino

06/07/24