Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
7/2/2019	PLAN	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 Shanac's Family Day Care Center Address - Facility (Street, City, State, Zip Code) 4751 N 19Th St Milwaukee WI 532096434		Provider Number / Facility ID Number			
		3000566233 / 001 - 235467			
		Telephone Number 414-374-8048	Date - Regulation Visit 6/17/2019		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
Descrip	e(5)(d) file - Days, Hours Worked ption: On this monitoring visit, 6-17-19, the Licensee did not her days and hours worked on the attendance records.	I WILL SIGN IN FOR THE HOLD WEEK.			
Descrip was no reviewii	ht, Accurate Daily Attendance Record ption: On this monitoring visit, 6-17-19, the attendance record of accurate because all of the children were not signed-in after ing the attendance records. t violation: Previously cited on 6/14/2018	I WILL PRINT OUT THE ATTENDANCE REPORT FOR THE MONTH AND SIGN EACH CHILD SOON AS THEY ARRIVE.			

DCF-F-CFS0294-E (R.06/2011)

Nan	e - Certified Operator / Licensed Center	Provider Number / Facility ID Number 3000566233 / 001 - 235467			
Sha	nac's Family Day Care Center				
Address - Facility (Street, City, State, Zip Code) 4751 N 19Th St Milwaukee WI 532096434		Telephone Number 414-374-8048	Date - Regulation Visit 6/17/2019		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
3	250.05(3)(L) Procedure - Number, Names, Whereabouts Known At All Times	I WILL PRINT OUT THE ATTENDANCE REPORT FOR THE HOLD MONTH AND SIGN EACH CHILD SOON AS THEY ARRIVE.			
	Description: The attendance records are used to track children in care and on this monitoring visit, 6-17-19, all of the children were not signed-in on the attendance records so they were not being tracked.		,		
	Repeat violation: Previously cited on 6/14/2018				
4	250.07(6)(L)2. Health Exam - Child Age Over Age 2 Description: One child did not have documentation of her current physical examination in her file. (For over age 2, physical exams are to be repeated every 2 years.)	THE CHILD LAST EXAM WAS ON 2/28/2018.			

NAME - Certification Worker / Licensing Specialist Tony Paige	Date Issued 6/18/2019
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed
DEBRIA HUNTER	7/02/2019

DCF-F-CFS0294-E (R.06/2011)