

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**TO FILE A COMPLAINT CALL**  
262-446-7800

**Date Correction Plan Due**  
4/11/2024

**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.

<b>Name - Certified Operator / Licensed Center</b> Dora Family Day Care		<b>Provider Number / Facility ID Number</b> 2000581202 / 001 - 1012391	
<b>Address - Facility (Street, City, State, Zip Code)</b> 329 W Lincoln Ave Milwaukee WI 53207		<b>Telephone Number</b> 414-243-4528	<b>Date - Regulation Visit</b> 3/20/2024
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	250.04(6)(a)5. <b>Child Record - Consent For Emergency Medical Treatment</b>  Description: Child #1 did not have documentation of emergency medical contact approval.	done by the child parents	3/20/24 <del>3/21/24</del>
2	250.05(3)(e)2. <b>Provider Training - Current Cpr Certificate</b>  Description: Staff A did not have documentation of current CPR training on file.	cpr done - Provider online.	3/21/24

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3	250.05(3)(fm) <b>Biennial Training - Child Abuse &amp; Neglect</b>  Description: Staff A did not have current Child Abuse and Neglect training on file.	done by provider	3/20/24
4	250.05(4)(c)1. <b>Continuing Education - Requirement &amp; Training Topics</b>  Description: Staff A did not have 15 hours of continuing education training on file.	done by provider - 16 hrs	3/21/24

**NAME - Agency Worker**  
Joel Marquez

**Date Issued**  
3/28/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**

*Joel Marquez*

3/28/24