Date Correction Plan Due 8/18/2021	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 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		Provider Number / Facility ID Number	
Cindyfay Family Childcare Llc		1000589241 / 001 - 2003353	
Address - Facility (Street, City, State, Zip Code) 6664 N 56Th St Milwaukee Wi 532235930	**Telephone Number** 414-208-4215	**Date - Regulation Visit** 8/3/2021	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.a. **Child Record - Physical Exam - Under 2** Description: Child 5 did not have documentation on file of a health exam.	Request an upded health exam and updete child #5 file.	08/12/2021	
2	250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: Child 5 did not have documentation on file of immunization records.	Request Immunization Records for child #5 and update file	8/12/2021	

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Cindyfay Family Childcare Llc		1000589241 / 001 - 2003353		
Address - Facility (Street, City, State, Zip Code) 6664 N 56Th St Milwaukee WI 532235930		Telephone Number 414-206-4215	Date - Regulation Visit 8/3/2021	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(2)(c) **Staff File - Days, Hours Worked** Description: The provider's hours were not documented on the day of the visit. This was corrected during the visit.	All staff will be logged in everyday and on time.	8/08/2021	
4	250.05(2)(f) **Staff File - Continuing Education** Description: Staff A and B did not have documentation on file of continuing education hours completed in 2020.	All staff will complete 15 hrs of continuing edu. each year. Files will be updated.	8/19/2021	
5	250.05(3)(e)2. **Provider Training - Current Cpr Certificate** Description: Staff A and B did not have documentation on file of a current certificate in CPR and AED training.	Take state approved CPR Course online. Files will be updated.	8/12/2021	
6	250.06(3)(b) **Emergency Plans - Practice** Description: There was no documentation of fire or tornado drills practiced in July 2021.	Ensure all drills are performed and documented each month.	8/5/2021	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Cindyfay Family Childcare Llc		1000589241 / 001 - 2003353	
Address - Facility (Street, City, State, Zip Code) 8684 N 58Th St Milwaukee WI 532235930	**Telephone Number** 414-208-4215	**Date - Regulation Visit** 8/3/2021	
Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**

NAME - Certification Worker / Licensing Specialist
Cindy Matuszak

Date Issued
8/4/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
9/5/2021