

Date Correction Plan Due 8/14/2024	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 252.4(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
Ds Tiny Hands Daycare
Provider Number / Facility ID Number
8000590369 / 001 - 2005407

Address - Facility (Street, City, State, Zip Code)
8223 W Casper St Milwaukee WI 532235538
Telephone Number
414-357-6771
Date - Regulation Visit
7/24/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(8)(b) Current, Accurate Daily Attendance Record Description: 2 children were in attendance at the center on 07/24/24, however 3 children had arrival times documented on the attendance record. Repeat violation: Previously cited on 10/24/2022	7/24/24 Signed in + 020 Both kids	7/24/24	
2 250.06(3)(b) Emergency Plans - Practice Description: A tornado drill was practiced, but not documented for April-June 2024.	7/27/24 Completed for July-Aug 1/2024	During 7/2024 Aug 1/2024	

Name - Certified Operator / Licensed Center
O's Tiny Hands Daycare
Provider Number / Facility ID Number
6000390366 / 001 - 2005407

Address - Facility (Street, City, State, Zip Code)
8223 W Casper St Milwaukee WI 532236538
Telephone Number
414-357-6771
Date - Regulation Visit
7/24/2024

Rule/Statute Number
Noncompliance Statement
Correction Plan
Expected Completion Date
Verification Date

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Daniel Noel
Date Issued
7/30/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Date Signed

Daniel Noel
Date Signed
8/5/2024