

Date Correction Plan Due 9/19/2024	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 Marquette University Child Care Ctr		Provider Number / Facility ID Number 8000560348 / 001 - 225805		
Address - Facility (Street, City, State, Zip Code) 500 N 19Th St Milwaukee WI 532332123		Telephone Number 414-288-5655	Date - Regulation Visit 9/5/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Staff were not signed in the Hummingbird Room and Rainbow Room. Repeat violation: Previously cited on 1/26/2023	All staff will be reminded to sign in and out daily.	9/6/2024	
2	251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: There was no thermometer in the freezer in the Butterfly Room.	A new thermometer will be purchased and placed in Butterfly freezer.	9/16/2024	

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3	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: There were no updates documented within the past 3 months for several children under two. Repeat violation: Previously cited on 2/5/2024	Hummingbird staff will again be reminded to update all state forms located in the classroom.	9/06/2024

NAME - Agency Worker
Katrina Tarantino

Date Issued
9/5/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

9-5-24