

Date Correction Plan Due 8/3/2021	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)(l) 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 Pat's Cuddle Care		Provider Number / Facility ID Number 8000566648 / 003 - 1013904	
Address - Facility (Street, City, State, Zip Code) 4250 N 49Th St Milwaukee WI 532161308		Telephone Number 414-455-3284	Date - Regulation Visit 7/19/2021
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.04(6)(a)1. Child Record - Enrollment & Health History Forms Description: Child 2 has an incomplete Health History (missing parents signature). Child 3 has incomplete information for emergency/authorized persons on the enrollment form.	Parent will sign form for child #2 child #3 no longer here last day 7/26/21	8/5/2021
2	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child 1 does not have an updated health report every 6 months. Last Health report available for review was dated 7.2.2020.	Resend over forms to doctor to fax over mom also calling to see what happen	8/6/2021

Name - Certified Operator / Licensed Center Pat's Cuddle Care		Provider Number / Facility ID Number 8000566648 / 003 - 1013904	
Address - Facility (Street, City, State, Zip Code) 4250 N 49Th St Milwaukee WI 532161308		Telephone Number 414-455-3284	Date - Regulation Visit 7/19/2021
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	<p>250.04(6)(a)4m. Child Record - Immunization History Compliance</p> <p>Description: Child 3 does not have immunization verification in file available for review at the time of the monitoring visit.</p>	<i>This child is no longer here last day 7/26/2021</i>	N/A
4	<p>250.04(6)(b) Current, Accurate Daily Attendance Record</p> <p>Description: Two children were signed in and not signed out on 7/6/2021 and 7/9/2021.</p>	<i>Signed out children</i>	7/20/2021
5	<p>250.04(8)(b) Biennial Training - Child Abuse & Neglect</p> <p>Description: Staff A does not have current CA/N training available for review. Expired in July 2019.</p>	<i>I will take the class by</i>	8/31/2021
6	<p>250.05(3)(e)2. Provider Training - Current Cpr Certificate</p> <p>Description: Staff A does not have current CPR training.</p>	<i>I will take the class by</i>	8/31/2021

Name - Certified Operator / Licensed Center

Pat's Cuddle Care

8000566648 / 003 - 1013904

Address - Facility (Street, City, State, Zip Code)

4250 N 49Th St Milwaukee WI 532161308

Telephone Number

414-455-3284

Date - Regulation Visit

7/19/2021

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Child 3 does not have immunization verification in file available for review at the time of the monitoring visit.	<i>This child is no longer here last day 7/26/2021</i>	<i>N/A</i>	
4	250.04(6)(b) Current, Accurate Daily Attendance Record Description: Two children were signed in and not signed out on 7/6/2021 and 7/9/2021.	<i>Signed out children</i>	<i>7/20/2021</i>	
5	250.04(8)(b) Biennial Training - Child Abuse & Neglect Description: Staff A does not have current CA/N training available for review. Expired in July 2019.	<i>I will take the class by</i>	<i>8/31/2021</i>	
6	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Staff A does not have current CPR training.	<i>I will take the class by</i>	<i>8/31/2021</i>	

p.3

4144553284

Purple

Aug 05 21, 06:27p

Name - Certified Operator / Licensed Center Pat's Cuddle Care		Provider Number / Facility ID Number 8000566648 / 003 - 1013904	
Address - Facility (Street, City, State, Zip Code) 4250 N 49Th St Milwaukee WI 532161308		Telephone Number 414-455-3284	Date - Regulation Visit 7/19/2021
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7 250.06(2)(c) Access To Materials Potentially Harmful To Children Description: Creams/gels/soaps labeled keep out of reach of children in the bathroom and accessible to children. Plastic bags accessible to children in baby room.	Put items away	7/19/2021	

NAME - Certification Worker / Licensing Specialist
Mindi Sabljak

Date Issued
7/19/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

8/5/2021