

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
2/19/2025

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)(j) 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**
Valentina's Family Day Care 0000577160 / 001 - 1008086

Address - Facility (Street, City, State, Zip Code) **Telephone Number**
2691 S 11Th St Milwaukee WI 53215 414-916-5952

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)1m. Child Record - Health History Description: Child A and C did not have documentation of a completed health history in their file. Repeat violation: Previously cited on 2/8/2024	parent filled out form for child A & C.	2/14/25	
2 250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child A and C did not have documentation of a completed health exam in their file.	parent has scheduled an appointment to have forms filled out	2/28/25	

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2691 S 11Th St Milwaukee WI 53215

Telephone Number
414-916-5952

Date - Regulation Visit
1/31/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>3</p> <p>250.04(6)(a)4m. Child Record - Immunization History Compliance</p> <p>Description: Child A and C did not have documentation of immunization history in their file.</p>	<p>Parent has scheduled an appointment to have Immunizations updated.</p>	<p>2/28/25</p>	
<p>4</p> <p>250.05(3)(e)1. Provider Training - Obtain Cpr Certificate</p> <p>Description: Staff A did not have documentation of a current CPR certificate in their staff file.</p>	<p>form printed & placed in staff file.</p>		

NAME - Agency Worker
Anthony Toforatis

Date Issued
2/5/2025

Anthony Toforatis

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed