Date Correction Plan Due
9/3/2021

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)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f)., DCF 252.41(1)(L) 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 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 notice of the sanction and / or penalty and your appeal rights.

Nam	e - Certified Operator / Licensed Center	ovider Number/ Facility ID Number 100589438 / 001 - 2003714		
	e's Quality Child Care Llc			
Address - Facility (Street, City, State, Zlp Code) 6456 N 106Th St Milwaukee WI 532245109		Telephone Number 414-501-0137	Date - Regulation Visit 8/13/2021	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
l	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child #2 and #3 did not have on file documentation of a current physical exam,	Told mom doctor sent wrong fax	الهد-ن-۹	Jac
		Now woiting on Corrections		
2	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child #1 did not have on file documentation of a current physical exam.	Told man doctor sent	9-6-2021	
		wrong fox waxting on corrections		

Name	- Certified Operator / Licensed Center	Provi	der Number / Facility ID Nu	mber
_ove's	s Quality Child Care Llc	589438 / 001 - 2003714	9438 / 001 - 2003714	
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: The licensee did not have documentation of current training in infant and child CPR.	Will have within 4 to lemonth		
	250.06(9)(j) Meals & Snacks - Records Description: The licensee did not have a record of meals being served to the children. Repeat violation: Previously cited on 9/5/2019	Started back putting them Up	8-16-2021	

NAME - Certification Worker / Licensing Specialist Jennifer Brees

Date Issued 8/19/2021

SIGNATURE - Certified Operator or Designee bicensee or Designee

Date Signed

DCF-F-ZES0294-E /B 08/2011V

8-26-2021