

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and EducationTO FILE A COMPLAINT CALL
262-446-7800Date Correction Plan Due
5/24/2024**NONCOMPLIANCE STATEMENT AND CORRECTION
PLAN**

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		Provider Number / Facility ID Number	
Camilas Childrens Day Care		0000590290 / 001 - 2005200	
Address - Facility (Street, City, State, Zip Code) 1133 W Lincoln Ave Milwaukee WI 532153102		Telephone Number 414-837-6883	Date - Regulation Visit 5/2/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child #1,#3, and #5 did not have current health reports on file. Repeat violation: Previously cited on 5/2/2023	The measure will be taken to issue a deadline for the parents to deliver the documentation, otherwise the child's service will be suspended until the documents required by the state are obtained.	05/15/2024	05/16/2024
2 251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The medical log book was not reviewed every six months. Repeat violation: Previously cited on 5/2/2023	✓ A specific alarm will be made for review. ✓ The medical record book will be in a visible place.	05/15/2024	05/16/2024

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Address - Facility (Street, City, State, Zip Code) 1133 W Lincoln Ave Milwaukee WI 532153102		Telephone Number 414-837-6883	Date - Regulation Visit 5/2/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: The intake forms in the infant room were not updated every 3 months.	✓ A calendar will be placed in the classroom to make notes about the next review date.	05/20/24	05/20/24

NAME - Agency Worker
Joel Marquez

Date Issued
5/10/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Aora De León

05/20/2024