

Date Correction Plan Due 12/5/2024	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) 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		
Sweet Pees Learning Center		1000591221 / 001 - 2007051		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
7509 W Caldwell Ave Milwaukee WI 532182839		414-202-2073	11/20/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(b) Current, Accurate Daily Attendance Record Description: IL arrived at home to monitor the program and children hadn't been signed out for the previous day.	<i>Make sure children are signed out after leaving.</i>		
2	250.05(2)(a) Staff File - Staff Record Form Description: IL could not verify a completed Staff Record Form completed for the support staff.	<i>Staff filled out Staff Record.</i>		

Name - Certified Operator / Licensed Center Sweet Pees Learning Center		Provider Number / Facility ID Number 1000591221 / 001 - 2007051	
Address - Facility (Street, City, State, Zip Code) 7509 W Caldwell Ave Milwaukee WI 532182839		Telephone Number 414-202-2073	Date - Regulation Visit 11/20/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	250.05(2)(d)1. Staff File - Physical Examination - Form Description: IL could not verify a completed Health/Physical for support staff who has been working since September 17, 2024.	Staff made appt. for Physical	
4	250.05(4)(a) Staff Orientation - Documentation Description: IL could not verify a completed staff orientation form completed with support staff.	I went over Staff orientation check list with staff.	
5	250.06(4)(b) Fire Extinguisher Description: IL was not able to verify that fire extinguisher has been monitored for contents since becoming licensed in August of 2024.	Will check fire Extinguisher monthly	

NAME - Agency Worker
Tammy Saffold

Date Issued
11/21/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Cyrtel Wherk

Date Signed
11-22-24