

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 One Of A Kind Sheets Daycare	Provider Number / Facility ID Number 6000591376 / 001 - 2006543
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Address - Facility (Street, City, State, Zip Code) 8720 W Monrovia Ave Milwaukee WI 532251814	Telephone Number 414-248-5654	Date - Regulation Visit 2/20/2024
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>250.07(6)(b)3.c. Medical Log Book - Medication Dispensed</p> <p>Description: IL noted Child #1 & #2 had been given oral medications and it had not been entered into the medical log book as directed.</p>	<p>Upon administering medication in my child Care Center Medication will be logged in the medical log book at time, And Date given</p>	<p>02/20/2024</p>	

RECEIVED
STATE OF WISCONSIN

FEB 29 2024

SOUTHEASTERN REGIONAL OFFICE
DCF DECE BECR

IAME - Agency Worker Amy Saffold	Date Issued
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SIGNATURE - Certified Operator or Designee / Licenses or Designee <i>Erika Sheets</i>	Date Signed 02/26/2024
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