STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
7/23/2024		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 applicabl 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)(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 Schoo 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 specialis 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 completic 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 th 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 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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number
Infamous D Learning Center		1000591551 / 001 - 2006752
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
4446 N 56Th St Milwaukee WI 532185606	414-292-8522	6/3/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.06(2)(m) **Premises - Condition & Repair** Description: IL observed a few porch slats that had fallen out of place and needed reassembling.	Porch to be rebuild.	7/22/24	
2	250.06(3)(b) **Emergency Plans - Practice** Description: IL was not to verify drills completed, smoke alarms tested, fire extinguisher checked for months April and May of 2024.	will document right away after drills. may drill was competed 5/28/24	7/9/24	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.06(4)(a)3. **Smoke Detectors - Testing** Description: IL could not verify documentation of testing for April and May of 2024.	will document right away after drills. May drill was completed 5/28/24 @ 11:00am	7/9/24	
4	250.09(3)(bm) **Infant & Toddler - Correct Food, Breastmilk, Or Formula** Description: IL observed an unmarked bottle laying in a portable crib with milk still in it.	All bottles have been labled w/ permnate marker	7/9/24	
5	250.09(3)(f) **Infant & Toddler - Leftover Milk Or Formula** Description: IL observed a baby bottle laying in a portable crib should be rinsed and cleaned once used.	will continue to to rinse bottles after use	7/9/24	

Date Issued
7/8/2024

NAME - Agency Worker
Tammy Saffold

Date Signed
7/9/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Devlin McCullem