

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

Nana's Little Creations Daycare

4000591804 / 001 - 2007034

Address - Facility (Street, City, State, Zip Code)

5761 N 81st St Milwaukee WI 532182115

Telephone Number

414-313-8051

Date - Regulation Visit

11/20/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4m. Child Record - Immunization History Compliance  Description: IL was not able to verify immunization records for child 1 and child 2.	I will review all paper work the same day returned with parent. Review papers with parent. Ensure all dates + signatures. Verify all health forms are completed + set deadlines for incomplete docs.	Child 1 11-20-24  Child 2 11-21-24	
2	250.06(3)(b) Emergency Plans - Practice  Description: IL was not able to verify drills practiced for September or October 2024 as of 11/20/2024.	I will perform monthly fire/tornado drills the first week of every month on both shifts. Reminders notifications on the 1st of every month on my phone.	11-25-24	

NAME - Agency Worker

Tammy Saffold

Date Issued

11/21/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Detitia McCoats Bishop*

Date Signed

11-24-24