

CARRIES FAMILY DAY CARE

3270 NORTH 30th STREET
MILWAUKEE,WI 53216
414-871-7096
FAX-414-871-5850

DEPARTMENT CHILDREN AND FAMILIES

FROM:CARRIE PALMER

FAX: 1-262-446-7991

PAGES:3

PHONE:-1-262-446-7828

DATE:
10/02/2024

ATTENTION: RHONDA BRUEGGEMANN

RE:CARRIE PALMER

CC

Urgent For Review Please Comment Please Reply

WILL YOU PLEASE GIVE ME A CALL AND LET ME KNOW WHEN YOU GET THIS INFORMATION?

DO YOU NEED ME TO SEND YOU A COPY OF THE FORMS?

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

PLAN

Date Correction Plan Due 10/3/2024

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)(f) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(E) 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. 48.857. 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 Carrie's Family Day Care | **Provider Number / Facility ID Number** 3000663553 / 001 - 230042

Address - Facility (Street, City, State, Zip Code) 3270 N 30Th St Milwaukee WI 53216
Telephone Number 414-871-7096
Date - Regulation Visit 9/11/2024

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1. Child Record - Enrollment Information Description: There was missing information on the child enrollment form for Child 1. Repeat violation: Previously cited on 8/22/2023	<i>Completed on 9-13-2024 All forms were checked & completed</i>	<i>9-13-2024</i>	
2	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: There was no documentation of immunization history for Child 2.	<i>Child @ I have the Immunization Record</i>	<i>10-1-2024</i>	

Name - Certified Operator / Licensed Center
Carrie's Family Day Care I
Provider Number / Facility ID Number
3000663553 / 001 - 230042

Address - Facility (Street City, State, Zip Code)
3270 N 30TH St Milwaukee WI 53218
Telephone Number
414-871-7096
Date - Regulation Visit
9/11/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.06(2)(n)1. a. Radon - Testing Description: There was no documentation of a completed Radon test at the time of the visit.	Completed on 9-13-24 I have the copy do I need to send you copy?	9/18/2024	

NAME - Agency Worker
Rhonda Brueggemann
Date Issued
9/18/2024
Date Signed
10-1-2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Rhonda Brueggemann

DC.F-F-CFS0294-E (R.08/2011)
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