

Date Correction Plan Due
10/11/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
362-445-7800

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 (j)(ii), DCF 251.04(5)(b) and (5)(f), DCF 252.41(5)(b) and (2)(a). 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 Service 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 noncompliances. 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. 48.057. 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
0000577050 / 001 - 1015702

Saff's Family Child Care

Address - Facility (Street, City, State, Zip Code)
3909 N 60th St Milwaukee WI 53216

Telephone Number
414-368-8772

Date - Regulation Visit
9/24/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 250.04(6)(a)4.a. Child Record - Physical Exam - Under 2</p> <p>Description: There was no documentation of an updated health report for Child #2.</p>	<p>I told her mom she sawd that the baby has a dr appointment on the 28th of this month & the dr wldl update it.</p>	10-28-25	
<p>2 250.05(4)(c)1. Continuing Education - Requirement & Training Topics</p> <p>Description: There was no documentation of the required 15 hours of continuing education for Staff A.</p> <p>Repeat violation: Previously cited on 10/16/2024</p>	<p>I did more than 15 hours of continued education and your Co-worker verified them on the Registry & you told me before you left that was ok & it was verified</p>	9-24-25	

Facility Name / Licensee Name		Facility Number / Licensee Number		Date / Registration Date	
Facility Name: Family Child Care 1430 N 207th St Milwaukee, WI 53216		Facility Number: 414-368-8772		Date: Registration Date 9/24/2025	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
250.06(2)(h)	Premises - Condition & Repair Description: There were two screens outside the side door that were ripped and need of repair. Repeat violation: Previously cited on 10/13/2023	I just cut them off on that day	08-24-25		

NAME - Agency Worker
 Rhonda Brueggemann, Katrina Tarantino

Date Issued
 9/26/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Sofretou Camore

Date Signed
 10-11-25