

<b>Date Correction Plan Due</b> 5/2/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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 certifiers / 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. 48.65. 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 the finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

<b>Name - Certified Operator / Licensed Center</b> Zergies Bundle Care	<b>Provider Number / Facility ID Number</b> 8000 89708 / 001 - 2004242
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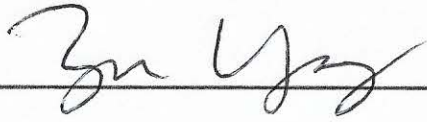
<b>Address - Facility (Street, City, State, Zip Code)</b> 10933 W Stark St Milwaukee WI 532253832	<b>Telephone Number</b> 262-838-0513	<b>Date - Regulation Visit</b> 4/12/2024
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.e. <b>Child Record - Enrollment Information - Other Emergency Contact</b>  Description: There was no emergency contact information on file for child 2.	I WILL RETURN ENROLLMENT FORM TO PARENT FOR OTHER EMERGENCY CONTACT INFORMATION TO BE FILED.  BRYSON IS NO LONGER ENROLLED AS OF 05/01/2024.	4/29/2024	
2	250.04(6)(a)4m. <b>Child Record - Immunization History Compliance</b>  Description: There was no immunization record on file for Child #3.	I REACHED OUT TO PARENT AND GAVE A WEEK NOTICE FOR IMMUNIZATION RECORD TO BE RETURNED TO FILE ON RECORD.	4/29/2024  5/10/2024 TO RTN IMM. RECORD	

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3	250.05(2)(d)1. <b>Staff File - Physical Examination - Form</b>  Description: There was no Staff Health Report on file for staff A or B.	SENT STAFF HEATH REPORT FOR DOCTOR'S APPROVAL AND SIGNATURE.	5/10/2024	
4	250.05(3)(e)1. <b>Provider Training - Obtain Cpr Certificate</b>  Description: There was no CPR/AED training on file for staff B.	ANDY IS REGISTERED FOR CPR CLASS AT 4C SCHOOL FOR MAY 30 <sup>TH</sup> .	5/30/2024	
5	250.06(11)(b)4. <b>Outdoor Play Space - Enclosure</b>  Description: Outdoor enclosure (snow fencing) observed with hole exceeding 4 inches.	ANDY WILL FIX OUTDOOR ENCLOUSURE. REPLACE THE FENCING.	5/10/2024	
6	250.06(9)(c) <b>Safe Food</b>  Description: There was beef observed thawing on the stove.	I WILL THAW FOOD UNDER RUNNING WATER OR REFRIDGRATE MEAT FOR THAWING GOING FORWARD.	4/29/2024	

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

4/30/2024