DEPARTMENT OF CHILDREN AND FAMILIES	
Division of Early Care and Education	

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL	
5/12/2023	PLAN	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.

Nam	e - Certified Operator / Licensed Center	Provi	der Number / Facility ID N	umber
Fait	h Dev Learning Center	8000	590008 / 001 - 2004636	
1	ress - Facility (Street, City, State, Zip Code) 5 W Capitol Dr Milwaukee WI 532162535	Telephone Number 414-640-1064	Date - Regulation 4/25/2023	ı Visit
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(b) Current, Accurate Dally Attendance Record Description: Time of arrival was not documented for child #1 as required by rule	Child care attendance sheets were be checked and venifiel by teacher every hour to ensure all checken are	4/25/2023	
2.	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Staff person A was documented as being in ratio in both Infant 2 class and the Toddler class which were not combined when the records were reviewed	de Chenille des mont	4/25/2023 urti	

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Provk	der Number / Facility ID Nu	mber
80005	590008 / 001 - 2004636	
Telephone Number 414-640-1064	Date - Regulation 4/25/2023	Visit
Correction Plan	Expected Completion Date	Verification Date
Children mie ensure all children are accounted for and renificel number of- children at al fimes	4/2 5 /2023	
staff wie know and maintain proper rations in accordance to state nuls i repulation	4/25/2023	
all quebage cans are	4/25/223	
	Telephone Number 414-840-1084 Correction Plan Child Care will child Ca	8000590008 / 001 - 2004636Telaphone Number 414-640-1064Date - Regulation 4/25/2023Correction PlanExpected Completion DateChild Carle will ensure all children are accounted for and renificel number of children at al fines4/25/2023Staff will know and maintain proper ations in accordance to state nubs i nubs i nubation4/25/2023

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NAME - Agency Worker Paul Spink	Date Issued 4/28/2023
SIGNATURE - Certified Operator of Designee / Licensee or Designee	Date Signed 5/10/2023
DCF+-CF50289-E-08/2011).	Page 3 of 3