

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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 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	
Tink Titans Childcare		6000591506 / 001 - 2006701	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
8139 W Eggert Pl Milwaukee WI 532183649		414-334-3029	7/19/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.04(6)(a)1. Child Record - Enrollment Information Description: IL was not able to verify this information for child #2.	Child Enrollment form was filled out and resubmitted, and placed in file	7-24-24
2	250.04(6)(a)3. Child Record - Alternate Arrival / Release Agreement Description: IL was not able to verify this information for child #2.	Child Alternate Arrival agreement was filled out by parent and resubmitted and placed in file.	7-24-24
3	250.04(6)(a)4. Child Record - Physical Exam Description: IL was not able to verify this information for child #2.	Child physical Exam was resubmitted and placed in file	7-24-24

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
4	250.04(6)(a)5. Child Record - Consent For Emergency Medical Treatment Description: IL was not able to verify this information for child #2.	Child emergency/medical treatment was resubmitted and placed in file.	7-24-24	

NAME - Agency Worker

Tammy Saffris

Date Issued

SIGNATURE - Certified Operator or Designer / Licensee or Designee

Tina Hersh

Licensee

Date Signed

7-24-24