

|   | Rule/Statute Number<br>Noncompliance Statement   | Correction Plan  | Expected<br>Completion Date      | Verification<br>Date |
|---|--|--|----------------------------------|----------------------|
| 1 | 250.04(6)(a)4m.<br><b>Child Record - Immunization History Compliance</b><br><br>Description: IL was not able to verify immunizations for child 1, 2, and 3 enrolled since September of 2024 as of November 2024.   | Notified parents same day of visit to get all forms in | Date where for 11/22/2024        |                      |
| 2 | 250.05(2)(d)1.b.<br><b>Staff File - Physical Examination - Physical Ability</b><br><br>Description: IL could not verify a completed health/physical form listed for a staff working with program for over 30 days. | Notified teacher the day of visit                      | Date to have it in is 11/27/2024 |                      |

| Name - Certified Operator / Licensed Center   |  | Provider Number / Facility ID Number |                         |
|---|--|--------------------------------------|-------------------------|
| Infant 2 Toddler Childcare Center   |  | 5000591915 / 001 - 2007145           |                         |
| Address - Facility (Street, City, State, Zip Code)  |  | Telephone Number                     | Date - Regulation Visit |
| 4902 N 78Th St Milwaukee WI 532183733   |  | 414-312-8772                         | 11/19/2024              |
| Rule/Statute Number<br>Noncompliance Statement  | Correction Plan  | Expected<br>Completion Date          | Verification<br>Date    |
| 3<br>250.06(3)(b)<br><b>Emergency Plans - Practice</b><br><br>Description: IL was not able to verify drills practiced for the months of September and October 2024. | Infant 2 Toddlers have planned to do the fire drill on the 3rd week of each month on Thursday.<br>Tornado drill will done on every 3rd week of the month on a Friday and both has been done this month | 11/21/24<br>11/22/24<br>both at 10am |                         |

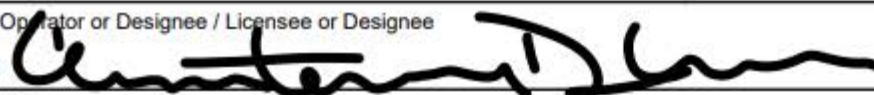
NAME - Agency Worker  
Tammy Saffold

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Clenteria Davis



11/25/2024