

<b>Date Correction Plan Due</b> 6/7/2024	<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 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.

<b>Name - Certified Operator / Licensed Center</b> Dcsc Parklawn Child Development Ctr		<b>Provider Number / Facility ID Number</b> 0000562300 / 006 - 220577		
<b>Address - Facility (Street, City, State, Zip Code)</b> 4310 N 46Th St Milwaukee WI 53216		<b>Telephone Number</b> 414-445-3116	<b>Date - Regulation Visit</b> 5/21/2024	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)6. <b>Child Record - Health History</b>  Description: No record available during visit	5/28/24 - The point person will have access to records in Director's absence and made accessible when needed.	5/28/24	
2	251.04(6)(a)6m. <b>Child Record - Immunization History</b>  Description: No record available during visit	The assigned point person will have access to records in Director's absence and made accessible when needed.	5-28-24	
3	251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>  Description: No record available during visit	Point person has access to records in the absence of Director.	5/28/24	

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4	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: No record available during visit	Point person has access to records in the absence of Director.	5/28/24	
5	251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: No record available during visit	Point person has access to records in the absence of Director.	5-28-24	
6	251.06(3)(b)2. <b>Emergencies - Practice Written Plans</b>  Description: No documentation of practice available	Point person has access to documentation in the absence of Director.	5-28-24	
7	251.06(4)(jm)1. <b>Fire Alarms &amp; Smoke Detectors - Drills</b>  Description: No documentation of drills available	Point person has access to documentation in the absence of Director.	5-28-24	
8	251.06(4)(jm)2. <b>Fire Alarms &amp; Smoke Detectors - Testing</b>  Description: No documentation of testing available	Point person has access to documentation in the absence of Director.	5/28/24	

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9	251.09(2)(bm) Infant & Toddler - Sleep Position  Description: Infant asleep in bouncer in combine classroom	Reviewed the licensing rule regarding rest periods in DCF 251 pg. 39. All children under 1 years will sleep in cribs that have been provided. Each staff recieved a copy of the specific licensing rule.	5/28/24

NAME - Agency Worker  
Paul Spink

Date Issued  
5/21/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

5/28/24  
6-5-24