

Date Correction Plan Due 4/10/2019	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)(b) 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**
4000562084 / 008 - 2002880
 Carlers Christian Education Center Inc
Address - Facility (Street, City, State, Zip Code) **Telephone Number**
414-210-5089
 5576 N 76Th St Milwaukee WI 532182725

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.06(5)(a) Condition Of Premises Description: Various types of refuse were in the play space area such as wrapper and paper.	Play area was cleaned. I also informed staff to clean daily.	3/21/19	
2 251.09(4)(a)5. Infant & Toddler - Soiled Diapers Disposal Description: The foot pedal on the infant room garbage container foot pedal was not functional Repeat violation: Previously cited on 4/23/2018	Corrected on site. Moved the other diaper pedal into bathroom. Also I purchased another one. See receipt.	3/21/19	

NAME - Certification Worker / Licensing Specialist
John Roso

Date Issued
3/29/2019

SIGNATURE Certified Operator or Designated Licensee or Designee



Date Signed

4/10/19

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414-761-9560 No. WYRONICA WRIGHT

6701 S 27TH ST

FRANKLIN, WI 53132

SIR 01551 OP# 009045 1E# 45 TR# 02705

* DIARR PAIL 007830002329 37.44 X

SUBTOTAL 37.44

TAX 1 5.600 % 2.10

TOTAL 39.54

VISA # 1111111111111111 39.54

US DEBIT

**** XXXX XXXX 8236 1 0

APPROVAL # 085312

REF # 00000154489

TRANS ID - 38918060800943

VALIDATION - NMBZ

PAYMENT SERVICE

AID 000000980810

TC ASHIO 7B1A51098

TERMINAL # 5010060

*NO SIGNATURE REQUIRED

03/21/19 11:53:35

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3/21/19