

Date Correction Plan Due 11/7/2024	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	
Hugs And Tugs Family Childcare		6000589866 / 001 - 2004550	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
4761 N 57Th St Milwaukee WI 532185034		414-759-0738	10/16/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.05(4)(a) Staff Orientation - Documentation Description: Staff B did not have documentation of an orientation on file.	orientation document was completed on 10/16/24 due to forgetting to complete document	10/16/2024
2	250.06(2)(e) Potential Source Of Harm On Premises Description: The poisonous plant nightshade was observed in the outdoor play space.	Poisonous plant was removed and will continue to review for future growth	10/16/2024

NAME - Agency Worker Cindy Matuszak	Date Issued 10/24/2024
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 10/24/2024