

Date Correction Plan Due <i>6/19/2025</i>	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	JUN 19 2025 TO FILE A COMPLAINT CALL 262-446-7800 SOUTHEASTERN REGIONAL OFFICE DCF DECE RECP
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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>		<b>Provider Number / Facility ID Number</b>		
Original Queen Of Childcare		7000592517 / 001 - 2007664		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
3239 N 33Rd St Milwaukee WI 532163851		262-455-6108	6/9/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.04(6)(a)1m. <b>Child Record - Health History</b>  Description: Child #6 missing Health Emergency Care Plan.	<i>I am organizing all files to be exactly the same to avoid overlooking documents.</i>	<i>6/18/2025</i>	
2	250.04(6)(a)4.b. <b>Child Record - Physical Exam - Over 2, Under 5</b>  Description: Child #3 missing health report/physical.	<i>After not receiving the form from the parent I will inform the parent on the 3rd week that I cannot take the child without the completed form.</i>	<i>6/18/2025 Doctor's Appt on this day</i>	
3	250.04(6)(a)4m. <b>Child Record - Immunization History Compliance</b>  Description: Child #2 was missing immunization report due 5/24/2025.	<i>After not receiving the form from the parent I will inform the parent on the 2nd week that I cannot take the child without the completed form.</i>	<i>6/18/2025</i>	

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6/9/2025

Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected  
Completion Date

Verification  
Date

NAME - Agency Worker  
Tammy Saffold

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

6/16/2025