DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
5/24/2024		262-446-7800

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
Mama Bear's Family Child Care	3000571593 / 001 - 1010146

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
2311 E Vollmer Ave Milwaukee WI 53207	414-481-8057	5/7/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.a. **Child Record - Physical Exam - Under 2** Description: Child 4 does not have documentation of a follow-up health examination once every 6 months as required. The last health examination on file for Child 4 is from 04/11/23. Repeat violation: Previously cited on 10/10/2022	Child's Insurance said they had to wait for 2yr olds birthday - Dr appointment is made - 5/15/24 - Parent will bring new form then.	5/15/24	
2	250.04(6)(b) **Current, Accurate Daily Attendance Record** Description: 3 children were in attendance at the center on 05/07/24, however 4 children were marked as present on the attendance record. Repeat violation: Previously cited on 10/10/2022	father signed in daughter who would be dropped off by bus at 240 pm. Father was told not to do that any more.	5/7/24	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.06(2)(c) **Access To Materials Potentially Harmful To Children** Description: The sliding door underneath the bathroom sink is unlocked. Inside of the sliding door is epsom salt and a plastic tote with hydrogen peroxide and various self-care products. This was corrected during the visit and these items were removed and placed out of reach. Repeat violation: Previously cited on 9/13/2023	corrected @ visit put into locked closet	5/7/24	
4	250.06(2)(e) **Potential Source Of Harm On Premises** Description: There are wooden fence panels on a glass table in the outdoor play space accessible to children. There are nails protruding from some of these fence panels. There is a metal garden hose hanging from a wall in the outdoor play space accessible to children. Repeat violation: Previously cited on 10/10/2022	fence panels were removed after rain stopped - hose was wound so it hangs shorter/higher so kids can't choke/strangle	5/8/24	

NAME - Agency Worker
Daniel Noel

Date Issued
5/9/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Barbara Kelley

Date Signed
5/10/24