

Date Correction Plan Due 10/23/2024	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.

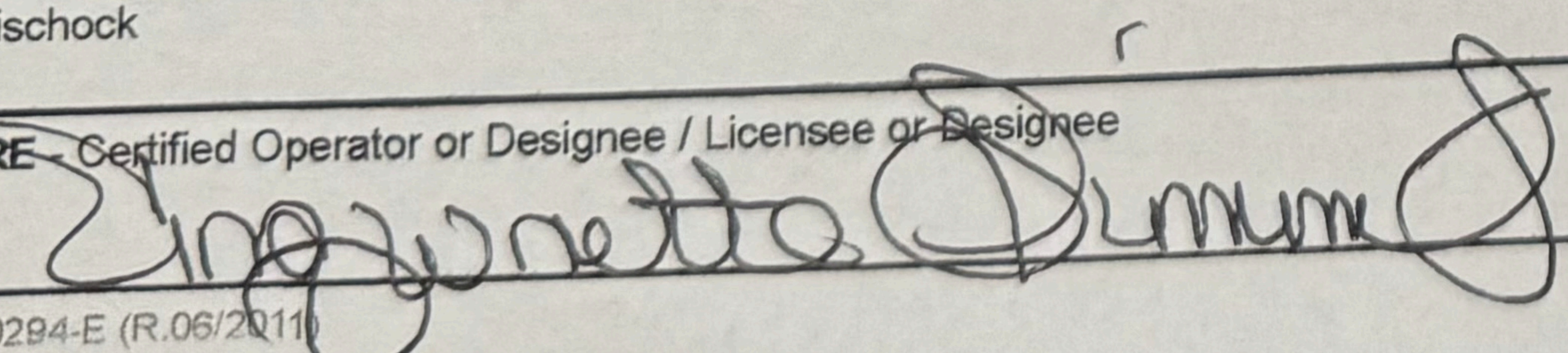
Name - Certified Operator / Licensed Center Simms Family Childcare		Provider Number / Facility ID Number 9000571769 / 001 - 2004107	
Address - Facility (Street, City, State, Zip Code) 2930 N 53Rd St Milwaukee WI 532101615		Telephone Number 414-477-2137	Date - Regulation Visit 9/26/2024
	Correction Plan	Expected Completion Date	Verification Date
Rule/Statute Number Noncompliance Statement			
1 250.05(2)(c) Staff File - Days, Hours Worked Description: missing record of actual hours worked. No sign in/out documented. Repeat violation: Previously cited on 12/15/2022	I will make sure I sign in and out of the attendance sheet for how many hours I've worked	9-27-2024	
2 250.05(3)(e)1. Provider Training - Obtain Cpr Certificate Description: CPR certificate expired	I will update my CPR certificate. I have a class coming up on 11-14-2024	11-14-2024	

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3	250.06(3)(b) Emergency Plans - Practice Description: documentation of fire drills not recorded.	I will make sure I document fire drill practice	9-27-2024

NAME - Agency Worker
Jennifer Mischock

Date Issued
10/9/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

10-10-2024