

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

<b>Date Correction Plan Due</b>	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Nylah's Playground		<b>Provider Number / Facility ID Number</b> 7000591487 / 001 - 2006674		
<b>Address - Facility (Street, City, State, Zip Code)</b> 3446 N Vel R Phillips Ave Milwaukee WI 532121435		<b>Telephone Number</b> 414-323-9182	<b>Date - Regulation Visit</b> 3/11/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.04(6)(b) <b>Current, Accurate Daily Attendance Record</b>  Description: IL observed the current daily attendance with 2 children signed in however they were not in care and had left the center for the day. The children were not signed out upon leaving.	<i>Ensure that teachers are signing the children in and out promptly upon arrival and dismissal.</i>	<i>3-21-24</i>	
2	250.07(6)(g)1. <b>Hand &amp; Face Washing</b>  Description: IL observed a child get up from a nap cot, proceed to playing with toys (puzzles) and transition to sitting at the table where a snack was provided with no attempts to complete handwashing.	<i>Hand washing will be implemented during all transitions</i>	<i>3-21-24</i>	

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3446 N Vel R Phillips Ave Milwaukee WI 532121435		414-323-9182	3/11/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.07(6)(g)6. <b>Handwashing For Persons Working With Children</b>  Description: IL observed staff preparing a snack in the kitchen without handwashing prior to beginning to prep the snack.	Ensure that all staff & Children are washing before and after preparing meals and transitioning activities.	3-21-24	
4	250.07(6)(h)2. <b>Washroom Provisions</b>  Description: IL observed the washroom used for children and was not able to view paper towel or towels to dry hands.	Installed a paper towel roll so that when it empty it can be filled promptly	3-21-24	
5	250.09(2)(c) <b>Infant &amp; Toddler - Sleep Position</b>  Description: IL observed an infant (2 months old) sleeping in a portable crib on her tummy instead of her back.  Repeat violation: Previously cited on 2/5/2024	Ensure that babies are placed in the cribs on their backs and also do routine checks to make sure staff are following correct procedures	3-21-24	
6	250.09(3)(bm) <b>Infant &amp; Toddler - Correct Food, Breastmilk, Or Formula</b>  Description: IL observed a child being given a bottle of milk in an unmarked bottle( no name or date).	Ensure Labels are placed on cups/bottles daily with date correctly	3-21-24	

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<b>Noncompliance Statement</b>			

**NAME - Agency Worker**  
Tammy Saffold

Date Issued

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*Tammy Saffold*

Date Signed

3-21-24