

Date Correction Plan Due  
12/23/2024

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL  
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  
Children's Advocates Learning Center

Provider Number / Facility ID Number  
3000589843 / 001 - 2005032

Address - Facility (Street, City, State, Zip Code)  
312 N 30Th St Milwaukee WI 532084207

Telephone Number  
414-312-7892

Date - Regulation Visit  
11/25/2024

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2)(d)1. Staff File - Physical Examination - Form  Description: Staff A and B was missing a physical examination report	Move to kitchen help until complete	5/1/23	
2	250.05(3)(c) Provider Training - Substitutes & Volunteers  Description: Staff B was missing current training. Licensee sated she would move her to kitchen help until her classes are completed.  Repeat violation: Previously cited on 9/18/2024	Move to kitchen help until complete	5/1/2025	

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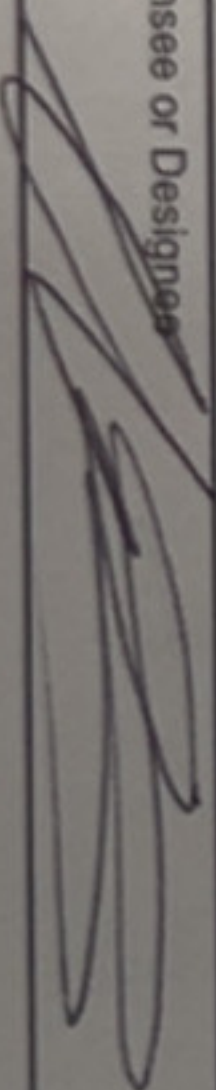
Date - Regulation Visit  
11/25/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.05(3)(e)1. Provider Training - Obtain Cpr Certificate  Description: Staff B was missing current training. Licensee sated she would move her to kitchen help until her classes are completed.	Move to kitchen until complete	5/1/25	
4 250.05(3)(f) Provider Training - Infant & Toddler Care  Description: Staff B was missing current training. Licensee sated she would move her to kitchen help until her classes are completed.  Repeat violation: Previously cited on 9/18/2024, 4/24/2024	Move to kitchen until complete	5/1/25	
5 250.05(3)(fm) Biennial Training - Child Abuse & Neglect  Description: Staff B was missing current training. Licensee sated she would move her to kitchen help until her classes are completed.  Repeat violation: Previously cited on 9/18/2024, 4/24/2024, 4/20/2023	Move to kitchen until complete	5/1/25	

NAME - Agency Worker  
Allison Nyren

Date Issued  
12/9/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

3/30/2024