

Date Correction Plan Due	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>	
Great Expectations Childcare Center		2000591662 / 001 - 2006868	
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>
2773 N 26Th St Milwaukee WI 532061147		414-934-6800	10/17/2024
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	250.04(6)(a)4. <b>Child Record - Physical Exam</b>  Description: Child 1, 2, and 9 were missing current health reports completed within 90 days after enrolling or 6 months prior.	Appointments has been scheduled for child 1, 2, 9	11/01/2024
2	250.05(2)(d)1. <b>Staff File - Physical Examination - Form</b>  Description: IL was not able to verify a completed health/physical completed on staff working with children since 6/15/2024 as of 10/17/2024.	Physical form will be picked up from Dr. also appointment was schedule for TIB test	10/29/2024

Name - Certified Operator / Licensed Center Great Expectations Childcare Center		Provider Number / Facility ID Number 2000591662 / 001 - 2006868	
Address - Facility (Street, City, State, Zip Code) 2773 N 26Th St Milwaukee WI 532061147		Telephone Number 414-934-6800	Date - Regulation Visit 10/17/2024
	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: IL observed a potentially dangerous, large flat screen tv sitting on the child classroom table with no security straps attached.	T.V. was removed from the center	10/17/2024

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NAME - Agency Worker  
Tammy Saffold

Date Issued

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

Date Signed  
10/22/2024

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