

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due 8/15/2025 **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 Coa Child Care Center **Provider Number / Facility ID Number** 2000563592 / 001 - 220071

Address - Facility (Street, City, State, Zip Code) 909 E Garfield Ave Milwaukee WI 53212 **Telephone Number** 414-290-7906 **Date - Regulation Visit** 7/21/2025

| Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------|----------------------|
| <p>1 251.07(6)(dm)2. Medical Log - Pages & Entries</p> <p>Description: There are skipped lines on page 2 and page 3 of the medical log book.</p> <p>Entries in the medical log book dated 04/08/25, 04/17/25, 07/07/25, 06/23/25, and 07/18/25 are not signed or initialed by the person making the entry.</p> <p>An entry in the medical log book on 06/23/25 is written in pencil.</p> | <p>All YD staff received refresher training on medical log book procedure.</p> | 6/24/2025 | |
| <p>2 251.07(6)(dm)3.b. Medical Log - Injury In Care</p> <p>Description: An incident that occurred on 06/20/25 was not documented in the medical log book until 06/23/25.</p> | <p>All YD staff received refresher training on medical log book procedure.</p> | 6/24/2025 | |

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| | | | |

NAME - Agency Worker
Daniel Noel

Date Issued
7/31/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

[Handwritten Signature]

7/31/25