

Date Correction Plan Due 10/21/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 202-445-7800
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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)(b) and (3)(d), DCF 251.04(2)(L) and (3)(5), 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. 48.857. 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		Provider Number / Facility ID Number		
Luv N Share Learning Center		5000586085 / 001 - 2002640		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
4139 N 26Th St Milwaukee WI 532096519		282-282-1010	9/26/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m. Child Record - Health History Description: The health history form for Child #1 does not have a completed 2nd page.	<i>I will make sure that all parents complete each forms out.</i>	<i>10/9/24</i>	
2	250.04(6)(b) Current, Accurate Daily Attendance Record Description: Three children were not signed out on the attendance sheet for the previous day (9/25/24).	<i>I will make sure to sign each children out every day</i>	<i>10/9/24</i>	

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3 250.06(2)(c) Access To Materials Potentially Harmful To Children Description: A spray container of Lysol was observed in the bathroom accessible to children. Repeat violation: Previously cited on 10/4/2022	I will make sure to keep all harmful spray away from all children	10/9/24	
4 250.06(9)(e) Leftover Food Description: Several open packages of food were observed in the refrigerator that were not labeled/dated when opened. Repeat violation: Previously cited on 10/4/2022	I will make sure all leftover food is labeled and dated when open	10/9/24	

NAME - Agency Worker
Laura Taylor, Joel Marquez

Date Issued
10/7/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Cherrise Thomas

Date Signed
10/7/2024