

Date Correction Plan Due 1/21/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	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.

Name - Certified Operator / Licensed Center Neighborhood House Of Milwaukee		Provider Number / Facility ID Number 0000563840 / 004 - 1000280		
Address - Facility (Street, City, State, Zip Code) 2819 W Richardson Pl Milwaukee WI 53208		Telephone Number 414-933-6161	Date - Regulation Visit 1/10/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8.a. Child Record - Physical Exam - Under 2 Description: Child #7 did not have on file documentation of a physical examination within 3 months of enrollment at the center.	Child health report has been requested from family. The family stated they will provide a copy of the child's last wellness check.	1/17/2025	
2	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: A written medication authorization did not include administration instructions, specifically the medication intervals and did not have an end date.	Staff will verify with family the end date of the medication and that information will be added to the medication authorization form.	1/13/2025	

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3	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: Child care workers did not consistently document changes in a child's development and routines every three months based on discussion with the parent. Repeat violation: Previously cited on 2/8/2024, 7/6/2023	Staff will discuss the child's development and routine with the family and track the changes in the under two intake forms every three months. Staff will implement redundant strategies in which these changes are documented on a timely basis.	1/13/2025	

NAME - Agency Worker
Jennifer Brees

Date Issued
1/11/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed