

Date Correction Plan Due

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 Gee-Nuine Love Childcare		Provider Number / Facility ID Number 4000591994 / 001 - 2007221	
Address - Facility (Street, City, State, Zip Code) 2417 N 34Th St Milwaukee WI 532103029		Telephone Number 262-573-7307	Date - Regulation Visit 12/13/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	250.04(6)(a)1.f Child Record - Enrollment Information - Medical Contact Description: Child 5 & 6 were missing medical facility information on the Child Enrollment form.		
2	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: IL could not verify immunizations for a child enrolled for over 30 days as of 11/17/2024.		

Date Issued

NAME - Agency Worker
Tammy Saffold

Date Signed

SIGNATURE - Certified Operator or Designee / Licensee or Designee

12-18-24

