

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
10/29/2024

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 Jo's Early Learning Academy
Provider Number / Facility ID Number 3000575073 / 005 - 2001802

Address - Facility (Street, City, State, Zip Code) 4801 W North Ave Milwaukee WI 532081117
Telephone Number 414-873-8940
Date - Regulation Visit 10/15/2024

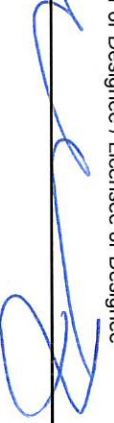
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.07(6)(dm)2. Medical Log - Pages & Entries Description: A line was skipped in the medical log book on 9/30/24.	Medical log was reviewed by center leadership to ensure all lines were filled. Medical log procedures were reviewed with all staff to ensure they understand <i>medical log procedures</i>	10/18/24	

NAME - Agency Worker
Anthony Totoraitis

Date Issued
10/15/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



10/18/24