

Date Correction Plan Due 5/23/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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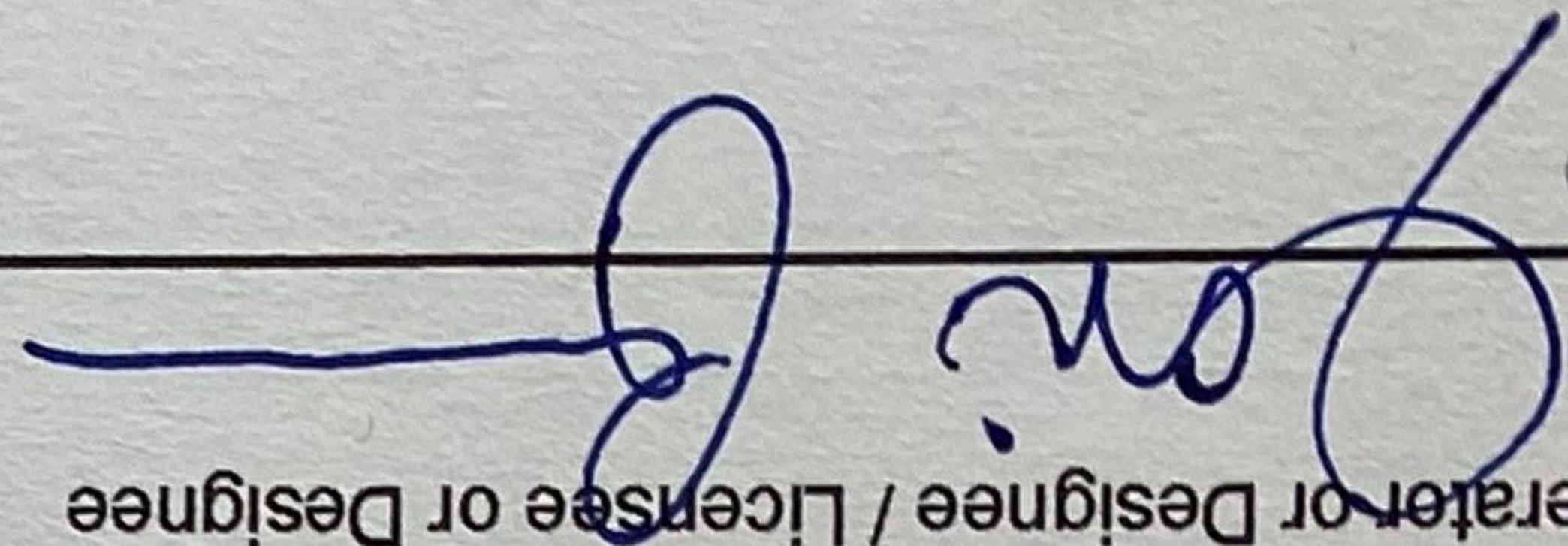
Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) 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 4000588004 / 001 Provider Number / Facility ID Number		Address - Facility (Street, City, State, Zip Code) 9221 W Joleno Ln Milwaukee WI 532241722		Rule/Statute Number Noncompliance Statement	
Date - Regulation Visit 5/8/2024		Telephone Number 414-841-2144		Correction Plan	
Expected Completion Date		Verification Date		<p>1 202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following: 1. The Parents' Home And Work Phone Numbers. 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan. 3. The Parents' Signed Consent For Emergency Medical Care. 4. A Name And Number To Call If The Child Requires Emergency Medical Care. Description: The Enrollment form for child #8 on the Child Record Checklist was incomplete.</p>	

*Double check forms to assure they are for certified forms
5/11/2024*

SIGNATURE - Certified Operator or Designee / Licensee or Designee



NAME - Agency Worker
Jean Houston

Date Issued
5/9/2024

Date Signed
5/11/24

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Address - Facility (Street, City, State, Zip Code) 9221 W Joleno Ln Milwaukee WI 532241722		Telephone Number 414-841-2144	Date - Regulation Visit 5/8/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 202.08(4)(a)2. For A Child 2 Years Of Age Or Older, A Report Of A Physical Examination Conducted Not More Than 2 Years Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 2 Years Thereafter Description: There was no health report on file for child #1 on the Child Record Checklist.	Make sure that all required forms are computed and on file	5/11/2024	
Classy Ones		4000588004 / 001	