

Date Correction Plan Due 3/27/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 Jcc Gan Ami Preschool-Mequon		Provider Number / Facility ID Number 6000563776 / 003 - 220214		
Address - Facility (Street, City, State, Zip Code) 10813 N Port Washington Rd Mequon WI 530925006		Telephone Number 262-242-9871	Date - Regulation Visit 3/12/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)4.d. Staff Record - Educational Qualifications Description: Based on records review, staff member A did not have the educational qualifications on file available for review.	<i>Staff A is working on getting qualifications from the college that closed.</i>	<i>6/30/24</i>	
2	251.06(2)(i) Deteriorating Paint Description: There was paint peeling off one of the walls in room #2.	<i>Our handy man is coming on the weekend when there are no children to fix.</i>	<i>3/31/24</i>	

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3	251.08(5)(b) Vehicle Inspection Report Description: Based on records review, the center did not have an annual vehicle inspection report on a form provided by the department.	Our transportation department has the correct form and will make the appointment to have it filled out.	4/15/24
			Verification Date

NAME - Agency Worker
Gloribel Tegen

Date Issued
3/13/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



3/15/24