

Date Correction Plan Due 3/29/2024	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 La Causa Early Education And Care Ctr		Provider Number / Facility ID Number 6000563786 / 001 - 220281		
Address - Facility (Street, City, State, Zip Code) 809 W Greenfield Ave Milwaukee WI 53204		Telephone Number 414-647-5980	Date - Regulation Visit 3/13/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(4)(e) Naps Or Rest Periods - Bedding Maintenance, Storage, Cleanliness Description: The cots in the preschool room were near the sink and were not covered in a sanitary manner.	All classrooms have an appropriate cover for the cots – it was removed due to prepping for lunch/naptime transition. All staff will be retrained in the importance of proper cot storage and sanitization.	April 2024	
2	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Medical log books have not been reviewed every six months as required.	All medical log books will be reviewed by the director and calendar reminder set to prevent recurrence.	March 22, 2024	

NAME - Agency Worker
Joel Marquez

Date Issued
3/15/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Sarah Smith

3/18/2024

