

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
2/13/2024

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

Bhla Lic

Provider Number / Facility ID Number

4000583514 / 002 - 1015494

Address - Facility (Street, City, State, Zip Code)

2044 N Martin Luther King Dr Milwaukee WI 53212

Telephone Number

414-562-4377

Date - Regulation Visit

1/29/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.06(2)(i) Deteriorating Paint</p> <p>Description: There are several areas of flaking paint on the wall in the school age room that is accessible to children.</p>	<p>The center will ensure all deteriorating paint is removed and re painted</p>	<p>2-11-24</p>	
2	<p>251.07(6)(f)1.a. Medication Administration - Parent Authorization</p> <p>Description: A medication authorization in the Preschool room did not include the begin and end date on the authorization form.</p> <p>Repeat violation: Previously cited on 4/22/2022</p>	<p>Center will ensure all medication forms are completed in entirety</p>	<p>1/29/24</p>	

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3 Current Authorizations For Medications On Premises Description: Medication (an Albuterol Inhaler) observed on the premises, lacked a current written authorization form signed and dated by the child's parents. Repeat violation: Previously cited on 4/22/2022	Center will ensure all medication has a written authorization on file.	1/29/24	


NAME - Agency Worker

Kristin Keck, Katrina Tarantino

Date Issued

1/30/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

1/31/2024