

<b>Date Correction Plan Due</b> 7/7/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 262-446-7800
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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.

<b>Name - Certified Operator / Licensed Center</b> Bhla Llc		<b>Provider Number / Facility ID Number</b> 4000583514 / 002 - 1015494		
<b>Address - Facility (Street, City, State, Zip Code)</b> 2044 N Martin Luther King Dr Milwaukee WI 53212		<b>Telephone Number</b> 414-562-4377	<b>Date - Regulation Visit</b> 5/29/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(2)(a)6. <b>Staff Record - Days &amp; Hours Worked</b>  Description: Staff is not consistently documenting hours when used to meet staff-to-child ratio. Based on a review of attendance records and staff hours, on 5/21/25, staff working in a combined room (infant and young toddler room) signed in but did not sign out.  Repeat violation: Previously cited on 2/27/2025	Staff meeting held to retrain staff on signing in/out to ensure all days & hours worked are accounted for and documented.	6/20/25	
2	251.055(2)(a) <b>Group Size - Maximum</b>  Description: On 5/29/25, there were 9 children (ages 1 and 2 years old) with two staff. Maximum group size is 8 when there is one or more children under the age of 2.	Center will ensure all group sizes reflect DCF rules	6/20/25	

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Bhla Llc		4000583514 / 002 - 1015494		
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3	251.055(2)(b) <b>Staff-To-Child Ratios - Minimum</b>  Description: On 5/29/25, there were 5 children, under the age of 2, with one staff in the infant room. Staff-to-child ratio for this age group is 1:4.  Repeat violation: Previously cited on 2/27/2025	Center will ensure classrooms have the required teaching staff to ensure child ratios are met.	6/18/25	
4	251.06(2)(gm) <b>Premises - Well Drained, Clean, In Good Repair</b>  Description: The smoke detector in the school age room was hanging from the ceiling.	Center will ensure the smoke detector is properly installed in the ceiling.	6/18/25	
5	251.09(1)(L) <b>Infant &amp; Toddler - Soft Materials In Cribs</b>  Description: On 5/29/25, two infants were observed sleeping in a crib with blankets. **The blankets were removed during the licensing visit**  Repeat violation: Previously cited on 6/22/2023	Center will ensure all cribs are free of blankets when children are sleeping.	6/18/25	

**NAME - Agency Worker**  
Kristin Lange, Sara Cooney

Date Issued  
6/18/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*A. Moore*


Date Signed

6/23/25

<b>Date Correction Plan Due</b> 6/24/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 262-446-7800
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<b>Address - Facility (Street, City, State, Zip Code)</b> 2044 N Martin Luther King Dr Milwaukee WI 53212		<b>Telephone Number</b> 414-562-4377	<b>Date - Regulation Visit</b> 6/9/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(2)(a)2. <b>Staff Record - Completed Background Check</b>  Description: Fingerprints not completed for the following individuals: Individual 001  Repeat violation: Previously cited on 5/20/2025	Fingerprints to be completed by 6/24/2025	6/18/2025	

<b>NAME - Agency Worker</b> Kimberly Pahlow-Anderson	<b>Date Issued</b> 6/10/2025
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<b>SIGNATURE - Certified Operator or Designee / Licensee or Designee</b> 	<b>Date Signed</b> 6/23/2025
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