

Date Correction Plan Due 12/30/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b>
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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> Ransaw Academy		<b>Provider Number / Facility ID Number</b> 3000588083 / 001		
<b>Address - Facility (Street, City, State, Zip Code)</b> 4125 N.47Th St Milwaukee WI 532161528		<b>Telephone Number</b> 414-469-5414	<b>Date - Regulation Visit</b> 12/16/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>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:</p> <ol style="list-style-type: none"> <li>1. The Parents' Home And Work Phone Numbers.</li> <li>2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan.</li> <li>3. The Parents' Signed Consent For Emergency Medical Care.</li> <li>4. A Name And Number To Call If The Child Requires Emergency Medical Care.</li> </ol> <p>Description: Child 1 did not have the correct Enrollment and Health History information form. The health History and Emergency Care plan page was missing.</p>	<p>Placed correct form in child file</p>		

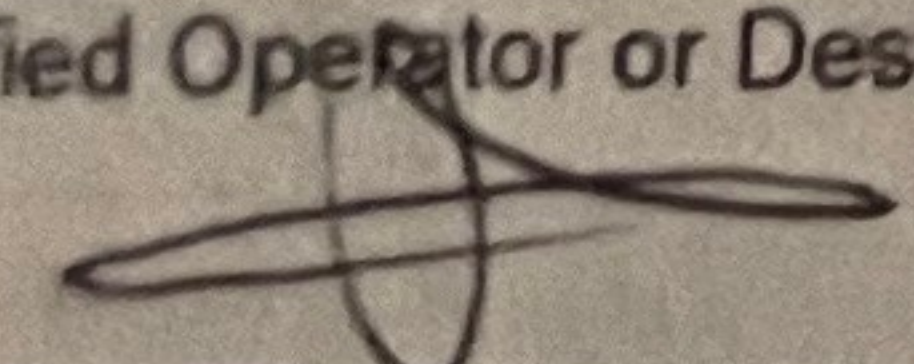
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2	202.08(5)(i) The Certified Child Care Operator Shall Keep Current And Accurate Written Records Of The Daily Hours Of Attendance Of Each Child In Care, Including The Actual Arrival And Departure Time Times For Each Child. If Children Are Transported To Or From The Premises Or School By The Operator Or Another Provider On Behalf Of The Operator, The Daily Attendance Record Shall Include The Actual Time The Child Was Picked Up Or Dropped Off.  Description: Child 1 was in care and was not signed in during the visit.	Signed child in at visit. Parents sign in at drop off	12/16/24

Child 1  
Parent sign in at drop off

**NAME - Agency Worker**  
Lou Thao, Randall Gasser

**Date Issued**  
12/16/2024

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



**Date Signed**  
12/16/24