Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
7/25/2024		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		Provider Number / Facility ID Number	
No Place Like L's House		5000591515 / 001 - 2006711	
Address - Facility (Street, City, State, Zip Code) 6628 N 56Th St Milwaukee WI 532235930	**Telephone Number** 414-737-1360	**Date - Regulation Visit** 7/9/2024	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(2)(m) **Background Check Request Form - Current Resident Turns 10** Description: IL noted that operator's own child turned 10 years of age and the background check was not completed within the departments required timeframe. Operator logged into her portal while visit was taking place and said she submitted the request.	I have submitted a Background Check Request for my child I plan to get it done right away for future Reference I will not wait Just do it as soon as I see it.	7-9-24	
2	250.07(6)(b)1. **Medical Log Book** Description: IL observed on entry into the medical log book that was incomplete, no signature and space left open.	I have Fixed the problem I plan to make sure I draw a line for the Blank Spaces and put my Signature on after I finish.	7-9-24	

DCF-F-CFS5234-E (R 06/2011)

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6628 N 56Th St Milwaukee WI 532235930	414-737-1360	7/9/2024	
Rule/Statute Number / Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3 250.07(6)(b)2. **Medical Log Book - Pages And Entries** Description: IL observed an incomplete entry and did some additional TA on completing the process.	I have Fixed the problem I plan to make sure I draw a Line for the Blank spaces and Put my Signature on it Right after I finish.	7-9-24	

NAME - Agency Worker
Tammy Safford

Date Issued
7/10/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Sherry

Date Signed
7/16/24