

Date Correction Plan Due
5/23/2025

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

Johnson Preschool And Lrng Ctr Llc

Provider Number / Facility ID Number

8000580448 / 002 - 1012034

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

3444 N Port Washington Ave Milwaukee WI 53212

Telephone Number

414-562-5439

Date - Regulation Visit

5/8/2025

**Rule/Statute Number
Noncompliance Statement**

Correction Plan

**Expected
Completion Date**

**Verification
Date**

1

251.04(3)(o)
Report - Change In Transportation Services

Description: The provider did not report a change in transportation services when a new vehicle was added.

Changes in the future will be reported immediately

5/19/25

2

251.04(6)(a)6.
Child Record - Health History

Description: Child 3's health history information was missing information needed when a health condition is identified.

Parent will review form and add necessary information

5/30/25

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Johnson Preschool And Lrng Ctr Llc		8000580448 / 002 - 1012034		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
3444 N Port Washington Ave Milwaukee WI 53212		414-562-5439	5/8/2025	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.04(6)(a)8.a. Child Record - Physical Exam - Under 2 Description: Child 1's health exam was expired. Repeat violation: Previously cited on 9/26/2024	Mom was given a form to have the doctor complete	6/15/25	
4	251.06(1)(d) Inside Temperature - Minimum Description: At the start of the visit, the temperature in the building was 61 degrees.	Staff will use a log daily to monitor temp. Temp was corrected during the visit by director	5/30/25	
5	251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: The infant room fridge did not have a thermometer in it. This violation was corrected during the visit.	A new thermometer was added during the visit	5/30/25	

NAME - Agency Worker
Cindy Matuszak

Date Issued
5/9/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

5/19/25