

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

Date Correction Plan Due

This form is used by certification / licensing staff to identify statute and / or administrative rule violations 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)(b) and (3)(b), DCF 251.04(2)(c) and (3)(c), DCF 202.411(2)(c) and (3)(c). 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 Service 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 noncompliances. 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.

Provider Number / Facility ID Number  
9000591499 / 001 - 2006587

Date - Regulation Visit  
7/9/2024

Telephone Number  
414-346-9406

Name - Certified Operator / Licensed Center  
Julie's Loving Childcare

Address - Facility (Street, City, State, Zip Code)  
4677 N 45th St Milwaukee WI 532185206

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.05(2)(d)1. Staff File - Physical Examination - Form Description: IL was not able to view the completed physical today during the site visit. Operator said she would contact her physician to have a copy available for her staff file.	I will be taken the physical paper to my Doctor so they can fill it out for me.	7/12/24 7/16/24	
2 250.06(2)(e) Potential Source Of Harm On Premises Description: IL noticed a TV introduced into the environment after the IL visit was completed that was too low and not stabilized to avoid possible injury.	I have purchased a t.v mount that will be put on the wall by a profession	7/12/24	

Provider Number / Facility ID Number

9000591499 / 001 - 2006687

Name - Certified Operator / Licensed Center

Julia's Loving Childcare

Address - Facility (Street, City, State, Zip Code)  
4677 N 45Th St Milwaukee WI 532185206

Telephone Number  
414-346-9406

Date - Regulation Visit  
7/19/2024

Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected  
Completion Date

Verification  
Date

Date Issued

NAME - Agency Worker  
Tammy Seifold

Date Signed

7/18/24

SIGNATURE - Certified Operator or Designee / Licensee or Designee