

Date Correction Plan Due

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 The Manning's Academic Dev Lrng Ctr	Provider Number / Facility ID Number 3000585633 / 002 - 2006660
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Address - Facility (Street, City, State, Zip Code) 3825 N 54Th Blvd Milwaukee WI 532162205	Telephone Number 262-420-9522	Date - Regulation Visit 1/22/2024
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#	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.06(3)(b) Emergency Plans - Practice Description: IL requested to see the Safety and Emergency Response Documentation. The monthly drills for October-December of 2023 had not been practiced.	Printed out a new safety and emergency response form and will make sure it is completed every month and practiced.	01/31/2024	
2	250.07(6)(b)3.c. Medical Log Book - Medication Dispensed Description: IL observed a medication dispensed that had not been recorded in the medical log book. NOTE- IL reminder operator that the medical log book should not have any empty spaces behind entries.	Medication had just been handed to lead teacher, around 8:05am and hadn't had a chance to put it in medicine bin when IL walked in right behind parent. It was not dispensed to child the day of visit, will make sure to log in book if ever we dispense meds. will make sure there are no spaces behind entries also.	01/31/2024	

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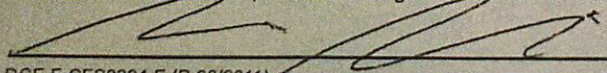
Verification
Date

NAME - Agency Worker

Tammy Saffold

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

01/30/24