

**Date Correction Plan Due**  
2/19/2025

**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 202.085, 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** Inletter's Learning Academy **Provider Number / Facility ID Number** 7000591477 / 001 - 2006658

**Address - Facility (Street, City, State, Zip Code)** 11004 W Langlade St Milwaukee WI 532251320 **Telephone Number** 414-484-6639 **Date - Regulation Visit** 1/10/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.05(2)(d)1. <b>Staff File - Physical Examination - Form</b>  Description: Staff A did not have a completed physical examination in their file at the time of review.  Repeat violation: Previously cited on 2/20/2024	<i>Physical was completed 1/14/25</i>	<i>1/14/25</i>	<i>1/14/25</i>
2 250.05(3)(e)1. <b>Provider Training - Obtain Cpr Certificate</b>  Description: Staff B did not have documentation of a current CPR certificate on file.	<i>Staff Employee in cpr course</i>	<i>1/10/25</i>	<i>1/10/25</i>

Name - Certified Operator / Licensed Center  
 Inetter's Learning Academy  
 Address - Facility (Street, City, State, Zip Code)  
 11004 W Langlade St Milwaukee WI 532251320


Telephone Number  
 414-484-6639  
 Date - Regulation Visit  
 1/10/2025

Provider Number / Facility ID Number  
 7000591477 / 001 - 2006658

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.05(3)(e)1. Provider Training - Obtain Cpr Certificate Description: Staff B did not have documentation of a current CPR certificate on file.	Enroll employee in CPR course	1/10/25	1/10/25
4 250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Staff A did not have documentation of a completed Child Abuse and Neglect certificate in their file.	Have staff complete course	1/10/25	1/10/25
5 250.05(3)(g) Provider Training - Abusive Head Trauma Description: Staff A did not have documentation of a completed abusive head trauma training on file.	Have staff complete course	1/10/25	1/10/25

NAME - Agency Worker  
 Anthony Toloraitis

Date Issued  
 2/10/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee  


Date Signed  
 2/17/25