

<b>Date Correction Plan Due</b> 11/28/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b>
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**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 200.04(2)(i) and (3)(d), DCF 250.04(2)(L) and (3)(1), 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.

<b>Name - Certified Operator / Licensed Center</b> Lundia Mills		<b>Provider Number / Facility ID Number</b> 1000562081 / 001		
<b>Address - Facility (Street, City, State, Zip Code)</b> 3741 N 15Th St Milwaukee WI 532082308		<b>Telephone Number</b> 414-265-7047	<b>Date - Regulation Visit</b> 11/11/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(1)(b)5.d. Each Certified Operator And Each Provider Shall Comply With S. 48.651 And Obtain And Recertify As Necessary To Maintain Current Certification In Infant And Child Cardiopulmonary Resuscitation (Cpr). The Cpr Training Must Result In A Certificate Of Completion. If The Certificate Of Completion Does Not Have A Date Specifying The Length Of Time For Which It Is Valid, The Cpr Training Must Be Renewed Every Year.  Description: The operator's CPR has expired.	My plan is to make sure myself and other can see all of my certificate on wall. CPR. I Renew my CPR class for 2 yrs plan	11-18-2024	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Lundis Mills		1000669081 / 001	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Viol
3741 N 157th St Milwaukee WI 532062308		414-265-7047	11/11/2024
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date
			Verification Date
2	<p>202.08(4m)(a)1.</p> <p>An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.</p> <p>Description: The operator did not have a written emergency plan for taking appropriate action in the events of emergencies.</p>	<p>Post on near Entry and Exit make sure we all know how to Evacuation</p>	11-18-2024
3	<p>202.08(4m)(a)1.-c</p> <p>An Operator's Emergency Plan Shall Include Procedures For All Of The Following:</p> <p>A. Evacuation, Relocation, Shelter-In-Place, And Lock-Down.</p> <p>B. Communication And Reunification With Families.</p> <p>C. Ensuring That The Needs Of All Children Are Met, Including Children Under 2 Years Of Age, Children With Disabilities, And Children With Chronic Medical Conditions.</p> <p>Description: The operator did not have a written emergency plan for the procedures in the events of emergencies.</p>	<p>make sure the procedure for all is explained and shown. Go out of the emergency window move forward gate to left + meet by tree</p>	11-18-2024

Name - Certified Operator / Licensed Center Londia Mills		Provider Number / Facility ID Number 1000560081 / 001	
Address - Facility (Street, City, State, Zip Code) 3741 N 15Th St Milwaukee WI 532062208		Telephone Number 414-285-7047	Date - Regulation Visit 11/11/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
4	202.08(4m)(a)2. The Emergency Plan Under Subd. 1. Shall Be Reviewed Periodically And Practiced As Specified In The Plan.  Description: The basement is used for tornado shelters and drills; however, the operator has not been reviewing the specified emergency plan periodically and practicing it.	Post by Near Entry and EXIT. My emergency will be posted on near by Entry Kid do drill monthll from April - October	11-18-2024

NAME - Agency Worker  
Lori Thoms

DATE ISSUED  
11/12/2024

SIGNATURE - Certified Operator or Designee / Licenses or Designee  
*Londia Mills*

DATE SIGNED  
11-21-2024