

Date Correction Plan Due 3/12/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 262-446-7800
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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 202.065, 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.

<b>Name - Certified Operator / Licensed Center</b> Explorers Of Truth Child Dev Inc		<b>Provider Number / Facility ID Number</b> 7000583517 / 001 - 2000709		
<b>Address - Facility (Street, City, State, Zip Code)</b> 4429 N 40Th St Milwaukee WI 532095805		<b>Telephone Number</b> 414-455-3156	<b>Date - Regulation Visit</b> 2/24/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m. Child Record - Health History  Description: The health history on file for Child #2 was incomplete. The child has a medical condition and the health history form lacked information regarding triggers, signs/symptoms, steps the child care provider should follow, child care staff who were given specialized training/instructions, when to call parents and when to consider the condition requires emergency medical care.	Health history paperwork was given back to parents to complete + to be put back in the child's file	4/15/25	
2	250.06(2)(a) Electrical Or Hot Surface Protection  Description: An outlet cover in the infant room was not protected with an outlet guard. *This was corrected at the visit.	Outlet cover was put back over outlet during visit	2/24/25	

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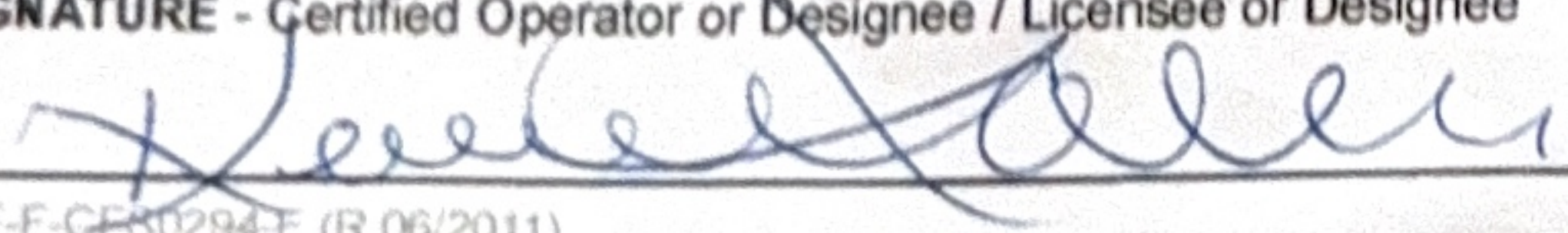
Date - Regulation Visit  
2/24/2025

Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
<b>Noncompliance Statement</b> 3 250.06(2)(K) <b>Deteriorating Or Toxic Paint</b> Description: There was chipping paint observed on the wall in one of the children's play rooms.	Wall will be corrected with new paint to fix the chipping paint	4/15/25	
4 250.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b> Description: A parent authorization to administer medication form on file did not include dates.	The authorization form for medication was removed from child's file and given back to parent to complete	3/5/25	

NAME - Agency Worker  
Katrina Tarantino

Date Issued  
2/26/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

2/28/25