

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
5/2/2025

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, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center

Victorious Living Christian Center

Provider Number / Facility ID Number

9000592499 / 001 - 2007647

Address - Facility (Street, City, State, Zip Code)

10101 W Capitol Dr Wauwatosa WI 532221319

Telephone Number
414-208-1418

Date - Regulation Visit
4/23/2025

Correction Plan

Expected Completion Date

Verification Date

1

251.04(6)(a)6.

Child Record - Health History

Description: Child 3-6 did not have a completed health history emergency care plan form available for review during monitoring visit

We have obtained ^{Completed} ~~emergency care~~ health history emergency care plan forms for all children enrolled in VLCC.

5-1-25

2

251.04(6)(a)6m.

Child Record - Immunization History

Description: Child 4-6 did not have immunization records available in file for review during monitoring visit

We have obtained immunization record forms from all children they are up to date and filed.

5-1-25

Telephone Number
 414-208-1418

Date - Regulation Visit
 4/23/2025

Rule/Statute Number Noncompliance Statement		Correction Plan	Expected Completion Date	Verification Date
3	<p>251.04(6)(b) Current, Accurate Daily Attendance Record Description: Children in care was not recorded during monitoring visit and form used was not accurate with required information per DCF</p>	<p>Daily attendance records Are all documented and accurate.</p>	5/1/25	
4	<p>251.06(2)(b) Electrical Or Hot Surface Protection Description: Multiple outlets were exposed and accessible to children during monitoring visit.</p>	<p>All outlets covered and Secured.</p>	5/1/25	
5	<p>251.06(2)(gm) Premises - Well Drained, Clean, In Good Repair Description: Ceiling in school age area was leaking water through stained tiles</p>	<p>Stained Tiles replaced. Maintenance request Filed to check and Fix any Leaks.</p>	5/1/25	
6	<p>251.06(3)(b)2. Emergencies - Practice Written Plans Description: Safety & Emergency Response form was not documented for the months of Jan-Mar during monitoring visit.</p>	<p>Safety and Emergency Response forms documented and Posted.</p>	5/1/25	

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NAME - Agency Worker
Tierra Trammell

Date Issued
4/25/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

5-1-25