

Date Correction Plan Due 5/15/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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.

Name - Certified Operator / Licensed Center Here We Grow Child Care - Lincoln		Provider Number / Facility ID Number 3000557213 / 001 - 420672		
Address - Facility (Street, City, State, Zip Code) 307 Lincoln Ave Sheboygan WI 53081		Telephone Number 920-458-8003	Date - Regulation Visit 4/29/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: Based upon observation the freezer in the fireflies classroom did not have a thermometer.	We had an extra in kitchen, so we put one in right away after she told us. We will keep 2 in so we always have an extra.		
2	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Based upon review, the medical log book in the fireflies room was not reviewed within the most recent six months.	Teacher had reviewed in the the beginning of April 2024 her name was on it, but had not the words reviewed by it and highlighted it. Talked to staff to make sure she highlights it and have the words reviewed on the page + Director Sign it.		

NAME - Agency Worker
Amanda Holz

Date Issued
5/1/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Jeressa Weisfeld

5/13/2024