

Date Correction Plan Due  
9/9/2024

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL

**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

Higher Heights Early Education Academy

Provider Number / Facility ID Number  
2000590872 / 001

Address - Facility (Street, City, State, Zip Code)  
4151 N 78Th Ct Milwaukee WI 532222031

Telephone Number  
414-429-5062

Date - Regulation Visit  
8/26/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(1)(b)3.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 and staff TB and ME have not yet taken CPR training.	CHERYL TOMRENCE  -TRAVIS MCBRIDE HAD ALREADY TAKEN CPR.  -MARSELL ECHOLS WILL TAKE CPR BY 9/9/24	8/27/24  10/23/23  9/9/24	

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2	202.08(1)(b)5. After Completion Of Preservice Training Under Subd 3., A Child Care Provider Shall Receive And Document Receiving At Least 5 Hours Of Qualifying Continuing Education Annually. Continuing Education Qualifies Under This Subdivision If It Covers Any Of The Topics Listed Under 202.08(1)(B)5. A. Through N.	TRAVIS McBRIDE TOOK CLASSES & SENT TO JEAN NEED TO KNOW HOW MANY HOURS IT IS + WILL PROMISE SQUANNAH TORRANCE SENT TO JEAN	9/9/24 8/31/24	
3	202.08(12)(d) The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Making A Copy Of The Applicable Certification Standards Available To Each Parent  Description: There was no documentation that the family of child #2 had been notified regarding certification standards.	CHERIN DIDNOT HAVE TO TAKE 5 HOURS SINCE SHE JUST STARTED WORK WE WERE WILL GET IT FINISHED  PARENT WAS NOTIFIED ALREADY BUT FORGOT TO SIGN THE PAPERWORK, IT WAS DONE.	9/9/24 8/26/24	

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202.08(12)(f)1-4

Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following:  
1. The Parents' Home And Work Phone Numbers.  
2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan.  
3. The Parents' Signed Consent For Emergency Medical Care.  
4. A Name And Number To Call If The Child Requires Emergency Medical Care.

PARENT'S FORGOT TO FILL OUT PAPERWORK, IT WAS FILLED OUT,

8/26/24

Description: The Enrollment/Health History for for children #2 and #3 was incomplete.

202.08(12)(i)

The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Informing The Parent In Writing Whether The Premises And Child Care Business Are Covered By A Child Care Liability Insurance Policy.

PARENT DIDN'T SIGN PART ON THE FORMS

8/26/24

Description: There was no documentation on file that the family of child #2 and been notified regarding liability insurance.

NAME - Agency Worker

Jean Houston

Date Issued

8/26/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Jean Houston*

Date Signed

8/26/24