

Date Correction Plan Due
2/29/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

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)(i), DCF 262.41(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 non-compliance(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: Golden Anchor Childcare
Provider Number / Facility ID Number: 7000591207 / 001 - 2006371

Address - Facility (Street, City, State, Zip Code): 1536 N 40th St Milwaukee WI 532082335
Telephone Number: 414-748-1013
Date - Regulation Visit: 2/14/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(8)(a)1.e. Child Record - Enrollment Information - Other Emergency Contact Description: There is no emergency contact on file for Child #2 other than the listed parent/guardian.	Go over file further to make sure every thing is correct	3/8/24	
2 250.04(8)(a)1m.f. Child Record - Health History - Medical Condition Symptoms Description: There are no medical symptoms and triggers on file for Child #2 with non food allergies.	Double check parents are filling out ALL lines as stated	3/8/24	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.04(6)(a)2 Child Record - Field Trip Permission Description: There was no field trip/other off site activity participation permission on file for Child #2.	Print Paper, allow Parent to Sign	3/8/24	
4 250.05(2)(c) Staff File - Days, Hours Worked Description: Staff actual days and hours worked were not accurate. Provider was not signed in while caring for children during the monitoring visit.	Make sure to Sign in when I begin working	2/29/24	
5 250.06(9)(e) Leftover Food Description: Leftover food stored in the refrigerator with no label or date.	Label all food with dates to make sure nothing is expired	2/29/24	

NAME - Agency Worker
Tameka Thompson

Date Issued
2/15/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

2/27/24