

Date Correction Plan Due  
10/1/2024

**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

Provider Number / Facility ID Number

Krystal Gifted Hands

6000589656 / 001

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

5354 N 34Th St Milwaukee WI 532094720

Telephone Number

414-988-4609

Date - Regulation Visit

9/12/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(2)(m)1. <b>Pets In The Home Shall Be Tolerant Of Children And Vaccinated Against Rabies. The Rabies Vaccination Shall Be Documented With A Current Certificate From A Veterinarian.</b>  Description: Rabies vaccinations for the pets has expired and is not current.	I Kaphri Holder owner of Krystal Gifted Hands Have removed all pets from home until all pets have updated Vaccinations is completed I will email worker with appt date-	October 11 <sup>th</sup> 2024	
2	202.08(4m)(a)2. <b>The Emergency Plan Under Subd. 1. Shall Be Reviewed Periodically And Practiced As Specified In The Plan.</b>  Description: The basement is used for tornado shelters and drills; however, the designated space that the operator stated was used for the tornado shelter and the drill needed to be cleared, and it was unsafe for shelter or Tornado drills to be practiced.	I Kaphri Holder have cleaned up basement I made it safer for all children to practice tornado drills and for shelter once a month and practice with children	September 30 <sup>th</sup> 2024	

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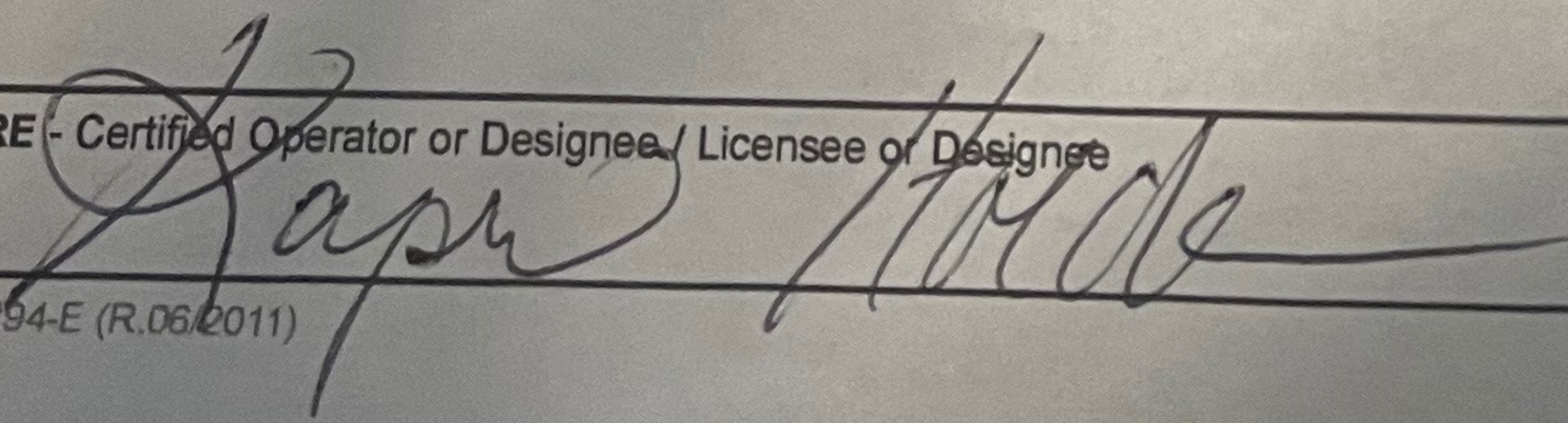
NAME - Agency Worker

Lou Thao

Date Issued

9/17/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

9/30/24