

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**Date Correction Plan Due** 6/26/2024 **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 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** My Home To Your Home **Provider Number / Facility ID Number** 7000590307 / 001 - 2005365

**Address - Facility (Street, City, State, Zip Code)** 2728 N 24Th St Milwaukee WI 532061141 **Telephone Number** 414-779-9200 **Date - Regulation Visit** 6/5/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 250.04(6)(a)1.e. <b>Child Record - Enrollment Information - Other Emergency Contact</b></p> <p>Description: Child 3 did not have documentation of an emergency contact on file. Repeat violation: Previously cited on 5/22/2023</p>	<p>Have mom Add emergency Contact</p>	<p>5/29/2023 6/5/2024</p>	
<p>2 250.04(6)(b) <b>Current, Accurate Daily Attendance Record</b></p> <p>Description: Attendance for 6/4/2024 was not accurate as children were not signed out of care at the end of the day. Repeat violation: Previously cited on 5/22/2023</p>	<p>Making sure kids are signed out At the end of the day</p>	<p>6/5/2024</p>	

**Name - Certified Operator / Licensed Center**

My Home To Your Home

Provider Number / Facility ID Number  
7000590307 / 001 - 2005355

Address - Facility (Street, City, State, Zip Code)  
2728 N 24Th St Milwaukee WI 532061141

Telephone Number  
414-779-9200

Date - Regulation Visit  
6/5/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>3 250.05(2)(c) <b>Staff File - Days, Hours Worked</b></p> <p>Description: Hours worked to provide care was not being tracked at the time of the visit. No hours were recorded on the attendance form.</p>	<p>MAKE sure staff sign in and out</p>	<p>6/5/2024</p>	
<p>4 250.06(2)(c) <b>Access To Materials Potentially Harmful To Children</b></p> <p>Description: The medicine cabinet in the bathroom was unlocked. There were personal care items labeled <input type="checkbox"/> Keep out of reach of children <input type="checkbox"/>.</p> <p>Repeat violation: Previously cited on 5/22/2023</p>	<p>The medicine cabinet was cleaned out and all potentially harmful materials removed and locked up</p>	<p>6/5/2024</p>	

**NAME - Agency Worker**  
Sarah Stormont, Kristin Keck

Date Issued  
6/12/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*Sarah Stormont*

Date Signed  
6/16/2024