DEPARTMENT OF CHILDREN AND FA	AMBLIES
Division of Early Care and Education	

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Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
7/13/2023	PLAN	262-446-7800

Use of Form: This form is used by certification / ilcensing 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.

Nam	me - Certified Operator / Licensed Center Provider Number / Facility ID Number			nber
Little	Ones Need Love 2 1000591161 / 001 - 2006332			
	ress - Facility (Street, City, State, Zip Code) 5 N 78Th St Milwaukee WI 532223916	Telephone Number 414-416-4354		
	Rule/Statute Number Noncompilance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.c. Child Record - Enrollment Information - Address & Telephone Description: Home addresses and Telephone numbers are not listed for child #4, child #5, Child #8.	The home address & felephane numbers were liested but parent did not answer if child resides in home. I will hove parent complete the questions and verity all considers on firms are computed. This will be chosed going forward to ensure gil into is received	8)4(2025	
2	250.04(8)(a)1.d. Child Record - Enrollment Information - Parent Contact Info Description: Parent contact information observed incomplete for child #1, Child #2, Child #3.	I will request parent add I will request parent add missing contract into motion to forms. I will check all forms going brocked to make sure all information is completed and verified.	8/u/2073	

Nam	e - Certified Operator / Licensed Center	Provide	r Number / Facility ID Nu	mber
Jttle	Ones Need Love 2 1000591161 / 001 - 2008332			
Address - Facility (Street, City, State, Zip Code) 3126 N 78Th St Milwaukee WI 532223916		Telephone NumberDate - Regulation Visit414-418-43546/28/2023		Visit
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.04(6)(a)1.f Child Record - Enrollment Information - Medical Contact Description: Physician/Medical facility Information missing for Child #3 and Child #4.	I will request parent provide physician /medical facility intermo fact is missing. I will verify all information is received on forms going forward.	in 8/4/2023	
\$	250.04(6)(a)1.h Child Record - Enrollment Information - Date Of Attendance Description: No enrollment date on file for child #4, Child #5 or Child #6.	I have requested parent to provide information on the forms. I will be sure to dodde Cheek forms goingtorward to make Supe all orformation is answered.	\${4\70.23	
5	250.04(6)(a)1m.e. Child Record - Health History - Medical Conditions Description: There was no medical conditions completed for Child #5 or #6.	I have requested parent provide this information on the forms for children. I will be sure to review forms going forward to make sure all information is received and guarding answered.	\$14/2023	
8	250.04(6)(a)1m.f. Child Record - Health History - Medical Condition Symptoms Description: There was no medial symptoms on file for non-food allergies for Child #1, Child #2, Child #3 or Child #4. There was no medical symptoms on file for Food allergies for Child #1 and Child #2.	To row regulated parent provide medical symptom into. or correct form. Thave requested parent provide food allersy into. or correct to m. Twill be sure to verify forms are completed correctly and all questions answered going forward		

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Name - Certified Operator / Licensed Center Provider Number / Facility ID Number				
Little	Ittle Ones Need Love 2 1000591161 / 001 - 2005332			
	ess - Facility (Street, City, State, Zip Code) S N 78Th St Milwaukee WI 532223916	Telephone NumberDate - Regulation Visit414-416-43546/28/2023		/isit
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7	250.04(6)(a)2. Child Record - Field Trip Permission Description: No field trip/other off-site activity participation on file for Child #1, CHild #2. Child #3, Child #4. Child or Child #6.	I have requested parent Complete field trip forms and Will make sure all forms are Completed and on file going forward. I'm not sure why this was a violancen when on the for it says dotain prior to tield trip. We	8)4(2023 m have not had any	
8	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: No physical exam on file for child # 4.	I have requested parear Compare physical eram for Child and provide to closter. I will be sure verify all forms are the on file going formand.	8/4/2023	
9	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: No evidence of immunizations on file for CHild #2.	I have requested parent provide Immunization history for child. I will be sure the intrination is on file for all kids going forward.	8/4/2003	
10	250.04(6)(a)5. Child Record - Consent For Emergency Medical Treatment Description: No consent for Emergency Medical care treatment on file for Child #8.	I will request parent completes Onsent for emerginey medical Care form and put on file. I will makesure this intermenti is On file going forward.	8/4/2023	

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Provid	ame - Certified Operator / Licensed Center Provider Number / Facility ID Number				
ttle Ones Need Love 2 1000591161 / 001 - 2006332					
Telephone Number 414-416-4354	• •				
Correction Plan	Expected Completion Date	Verification Date			
I have requested parents sigh Children in and out doily. I will be sure to remind parents even day so that this doesn't happen again.	6/29/2033				
I have add my hours to the forms and will be sere to include them each week going forward.	6/25/2023				
I have completed a fire and tornado . drill tor Jely 2023 and with be size to complete cosch one going forward every north.	7/7/2073				
I will make sure all menus are available for review Joliz forward. Ihave corrected this and will make super-they line arts posted zoing forward.	8/4/2023				
	Telephone Number 414-418-4354 Correction Plan I have requested parents sign Children in and out daily. I will be sure to remind parents each day so that this doesn't happen agein. I have add my have to the forms and will be sure to include them each week going forward. I have completed a fire and tornado - drill for Sily 2023 and will be sure to complete Cosch one going forward, every north.	1000591161 / 001 - 2006332Telephone Number 414418-4354Date - Regulation 8/28/2023Correction PlanExpected Completion DateThere requested parents sign Onideren in and out dealey. I will be sure to remind parents each day so that this descrit hoppen again.Oly 2023There and out dealey. I will be sure to remind parents each day so that this descrit hoppen again.Oly 2073Thave add my hows to the forme and will be sure to include them each week going Roward.7/2/2023Thave completed a fire and tornado. drill tor July 2023 and will be sure to complete coach one going Horward every north.7/2/2023To will menus			

NAME - Agency Worker Tameka Thompson, Crescenta Sabree Date **Issued** 6/29/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee

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X id all

Date Signed

7/12/2023

DCF-F-CFS0294-E (R.06/2011)

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