

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**TO FILE A COMPLAINT CALL**

**Date Correction Plan Due**  
5/28/2024

**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**

Tracy Moore

5000569615 / 001

**Address - Facility (Street, City, State, Zip Code)**  
5143 N 68Th St Milwaukee WI 532183909

**Telephone Number**  
414-690-0640

**Date - Regulation Visit**  
5/13/2024

**Rule/Statute Number**  
**Noncompliance Statement**

**Correction Plan**

**Expected Completion Date**  
**Verification Date**

1 202.08(12)(c)

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 Developing A Written Contract That Specifies The Charge For Child Care And The Expected Frequency Of Payment For The Service. The Contract Shall Be Signed By The Operator And A Parent Or Guardian.

5/17/2023

I contacted the parent, let her know I need her to file out contract and send to me right away.

Description: The was no contract on file for the family of children #5-#6.

Name - Certified Operator / Licensed Center Tracy Moore		Provider Number / Facility ID Number 5000569615 / 001	
Address - Facility (Street, City, State, Zip Code) 5143 N 68Th St Milwaukee WI 532183909		Telephone Number 414-690-0640	Date - Regulation Visit 5/13/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 202.08(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.  Description: There was no Enrollment/Health History form on file for child #6.	<i>talked to parent and she sent back enrollment file.</i>	<i>5/17/2024</i>	
3 202.08(1m)(a)8. A Certified Child Care Operator Shall Maintain A Current Written Record On Each Child In Care, Including The Provider's Own Children Under 7 Years Of Age, And Make The Record Available To A Child Care Certification Worker Upon Request.  Description: There was no file for-site for child #6.	<i>talked to parent and sent file with all paperwork.</i>	<i>5/17/2024</i>	

NAME - Agency Worker  
Jean Houston

Date Issued  
5/14/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Tracy Moore*

Date Signed

*5/19/2024*