

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
7/8/2024

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.

<p>Name - Certified Operator / Licensed Center Starry's Helping Hands Provider Number / Facility ID Number 5000590355 / 001</p>	
<p>Address - Facility (Street, City, State, Zip Code) 4178 N 41St St Milwaukee WI 532161608</p>	
<p>Telephone Number 414-208-9035</p>	
<p>Date - Regulation Visit 6/21/2024</p>	
<p>Rule/Statute Number 202.08(12)(f)1-4</p>	<p>Expected Completion Date 6/25</p>
<p>Noncompliance Statement 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: The Enrollment/Health History in incomplete for child #10 on the Child Record Checklist.</p>	<p>Correction Plan Childs mother filled out the correct form.</p>
<p>Verification Date</p>	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 202.08(4)(a)1. For Each Child Under 2 Years Of Age, A Report Of A Physical Examination Conducted Not More Than 6 Months Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 6 Months Thereafter. Description: There is no health report on file for child #5 on the Child Record Checklist and the health report is outdated for child #1	Child # 5 health report + is on file child # 1 will be on file by 6/28	6/28	
3 202.08(4)(e) The Certified Child Care Operator Shall Have On File For Each Child In Care A Record Of The Child's Immunization History To Document Compliance With S. 252.04, Stats., And Ch. Dhs 144. Description: There was no immunization record was file for child #5.	Childs shot records are on file	6/21	

NAME - Agency Worker
 Jean Houston
 SIGNATURE - Certified Operator or Designee / Licensee or Designee
 Date Issued
 6/24/2024
 Date Signed
 6/24/2024