Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/1/2024		

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 applicabl 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 Schoo 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 specialis 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 completic 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 th 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 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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number
Learning Family Childcare		7000590597 / 001
Address - Facility (Street, City, State, Zip Code) 2491 S 43Rd St 206 Milwaukee WI 532194914	**Telephone Number** 414-491-2386	**Date - Regulation Visit** 9/16/2024

	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.** Description: There was no contract on file for child #1.	Contract w/ parent to make corrections. Parent returned contract for Child #1.	9/17/24	9/17/24

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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 #1.	File w/parent to make corrections. Parent returned File for Child #1.	9/17/24	9/17/24
3	202.08(12)(g) **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 Using Information Obtained On The Department-Provided Child Care Intake For Child Under 2 Years Form, Which Collects Essential Information For Infants And Toddlers, To Individualize The Program Of Care For Each Child Under 2 Years Of Age.** Description: There was no Intake for on file for child #1.	File w/parent to Make corrections. Parent returned File for Child #1.	9/17/24	9/17/24

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4	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 in site for child #1.	File w/ parent to Make corrections. Parent returned File For Child # 1.	9/17/24	9/17/24
5	202.08(2)(c) **The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.** Description: Hazards were accessible in the bathroom of the home.	Locks replaced to prevent access to hazards.	9/16/24	9/16/24
6	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 was no health form on file for child #1.	File w/ parent to Make corrections. Parent returned File For child # 1.	9/17/24	9/17/24

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
7	202.08(4)(a)2. **For A Child 2 Years Of Age Or Older, A Report Of A Physical Examination Conducted Not More Than 2 Years Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 2 Years Thereafter** Description: The health report for child #4 is outdated.	Informed parent Health report outdated. Received updated report, Placed into File.	9/17/24	9/27/24
8	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: The there was no immunization on file for child #1.	File w/ parent to make corrections. Parent returned File For child #1.	9/17/24	9/17/24

NAME - Agency Worker
Jean Houston

Date Issued
9/17/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jayne Beyer

Date Signed
9/17/24