

<b>Date Correction Plan Due</b> 9/6/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b>
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**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)(i) 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 School 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 notice of the sanction and / or penalty and your appeal rights.

<b>Name - Certified Operator / Licensed Center</b> Adoring Hands Child Care	<b>Provider Number / Facility ID Number</b> 9000591189 / 001
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<b>Address - Facility (Street, City, State, Zip Code)</b> 5810 N Lovers Lane Rd Milwaukee WI 532252205	<b>Telephone Number</b> 414-326-5093	<b>Date - Regulation Visit</b> 8/20/2024
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	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	202.08(12)(f)1-4 <b>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:</b> 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: Child #1 was missing emergency contact information and physician/medical facility information on the Enrollment and Health History Information form.	When parent turns in documents, I will review with parent at the time the parent is turning in documents. If any information is missing, I will advise parent to fill in missing information. ~ Starting 08~23~24~		

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2	<p>202.08(12)(g)  <b>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.</b></p> <p>Description: Child #1 was missing the intake for child under 2 years form on file.</p>	<p>Now that I have learned about the child record checklist, now I will be attaching a check list to each child's folder, to be certain there is no documents that is needed or missing from file.  ~Starting 08-23-2024~</p>		

**NAME - Agency Worker**  
Lou Thao

**Date Issued**  
8/23/2024

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

**Date Signed** 08-23-2024

