DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due
1/31/2020

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

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
Michelle's Motherly Hands Childcare Llc

Provider Number / Facility ID Number
3000588003 / 002 - 2004007

Address - Facility (Street, City, State, Zip Code)
2664 N 38Th St Milwaukee WI 532102501

Telephone Number
414-885-2324

Date - Regulation Visit
1/16/2020

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. **Child Record - Health History** Description: There was missing information on the health history form for child 2.	will have parent Complete form.	1/21/20	
2	251.04(6)(a)6m. **Child Record - Immunization History** Description: There was no documentation of an immunization history for child 6.	will have parent provide me with Shot records or fax doctor's office to get.	1/31/20	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: There was no documentation of a review of the medical log books for the center.	Reviewed medical book right after visit and will keep up to date.	1/16/20	
4	251.09(4)(a)5. **Infant & Toddler - Soiled Diapers Disposal** Description: There needs to be a plastic lined, hands free covered garbage can for dirty diapers, instead the infant room was using a container that was not hands free.	Bought a diaper pail with a foot pedal right after visit	1/16/20	

NAME - Certification Worker / Licensing Specialist
Rhonda Brueggemann, Colleen Hanser

Date Issued
1/16/2020

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Michelle Rodgers

Date Signed
1/21/20