

Date Correction Plan Due
7/15/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

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)(l) 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
Lula's Loving Hands

Provider Number / Facility ID Number
3000589973 / 001

Address - Facility (Street, City, State, Zip Code)
2850 N 28Th St Milwaukee WI 532102004

Telephone Number
414-488-4929

Date - Regulation Visit
6/25/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>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.</p> <p>Description: For the child, #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10's files, a written contract that specifies the charge for child care services and the expected frequency of payment that is signed by a parent or guardian and the operator was missing.</p>	<p>Make sure all files have proper paperwork and completed and signed by parents.</p>	<p>8-1-24</p>	

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Rule/Statute Number Noncompliance Statement	Description
<p>2 202.08(12)(f)1-4 Prior To A Child's First Day Of Attending Child Care, The Parent Or Guardian Shall Obtain Information On A Form From The Department With Enrollment Information Including All Of The Following: 1. The Parents' Home And Work Address 2. Health History, Including Information On Special Health Care Needs And Allergies 3. The Parents' Signed Consent To Enroll The Child In Child Care 4. A Name And Number To Contact In An Emergency Medical Care.</p>	<p>Description: Child #1 and #9 facility information on the Enrollment form. Child #3, #4, #5, #6, #7 and #10 contact information on the Enrollment form.</p>

NAME - Agency Worker
Lou Thao

SIGNATURE - Certified Operator
[Signature]
DCF-F-CFS0294-E (R.06/2011)

CALL

if applicable.
252.41(1)(L)
Public Schools

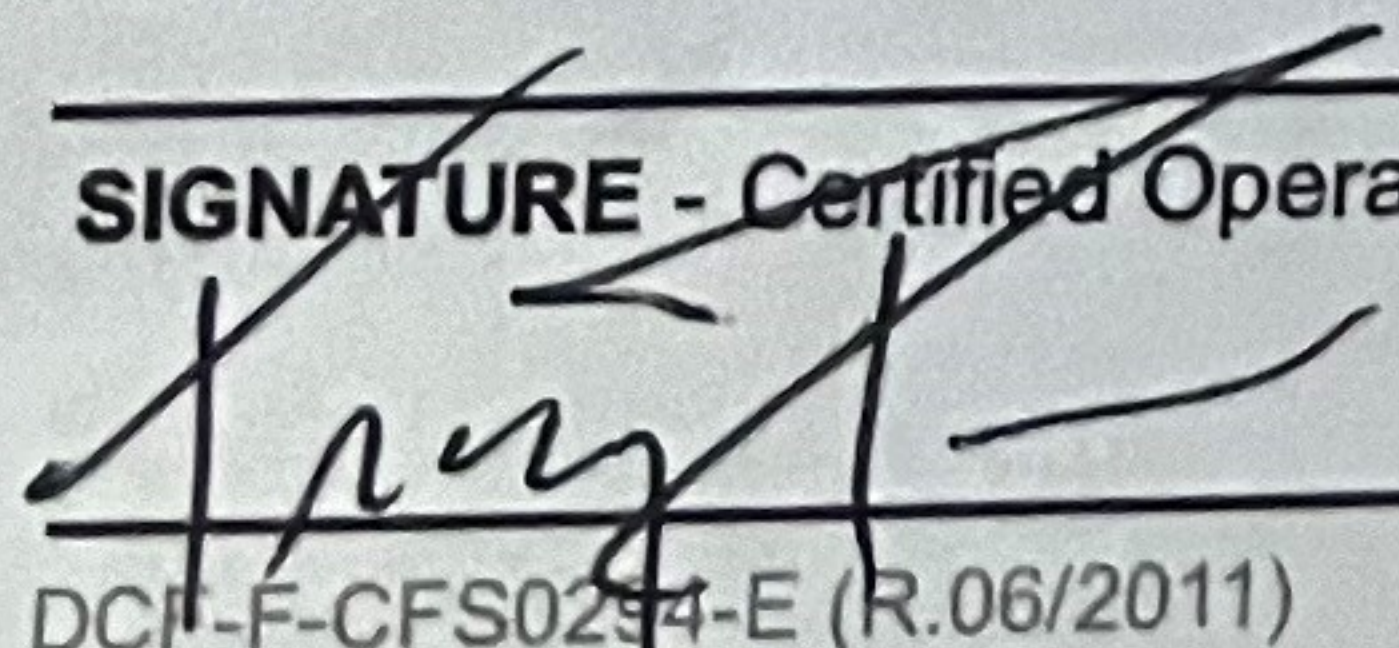
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Name - Certified Operator / Licensed Center Lula's Loving Hands		Provider Number / Facility ID Number 3000589973 / 001	
Address - Facility (Street, City, State, Zip Code) 2850 N 28Th St Milwaukee WI 532102004		Telephone Number 414-488-4929	Date - Regulation Visit 6/25/2024
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date
2	<p>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:</p> <ol style="list-style-type: none"> 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. <p>Description: Child #1 and #9 file were missing the physicals/medical facility information on the Enrollment and Health History Information form.</p> <p>Child #3, #4, #5, #6, #7 and #8 were missing the the emergency contact information on the Enrollment and Health History Information form.</p>	<p>Make sure all paper fill out correctly and properly. All information is there.</p>	8-1-24

NAME - Agency Worker
Lou Thao

Date Issued
7/1/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
7-15-24