

Date Correction Plan Due 8/20/2025	<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)(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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>	
Destined For Greatness Childcare		7000591427 / 001	
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>
3525 W Hampton Ave Milwaukee WI 532095320		414-484-8755	8/6/2025
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	<p>202.08(10)(a) A Child Care Provider Shall Ensure That Each Child Shall Be Served One Meal Or Snack At Least Once Every 3 Hours. Each Meal And Snack Shall Meet The U.S. Department Of Agriculture Child And Adult Care Food Program Minimum Meal Requirements.</p> <p>Description: There was no milk available for meals in accordance with the Child and Adult Care Food Program meal requirements.</p>	<p>My Plan is to check Milk expiration date weekly to assure I have milk in stock for children</p>	

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2	<p>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: The contract for child #4 did not specify the charges for child care and the expected frequency of payment.</p>	<p>My Plan is to review all paperwork before child's first day to assure everything is filled out and nothing is left blank</p>	
3	<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"> <li>1. The Parents' Home And Work Phone Numbers.</li> <li>2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan.</li> <li>3. The Parents' Signed Consent For Emergency Medical Care.</li> <li>4. A Name And Number To Call If The Child Requires Emergency Medical Care.</li> </ol> <p>Description: The enrollment and health history forms were incomplete for children #1, #2, and #4. The incorrect form was used for child #3.</p>	<p>My Plan is to double check all paperwork before filing to assure all forms are properly completed</p>	

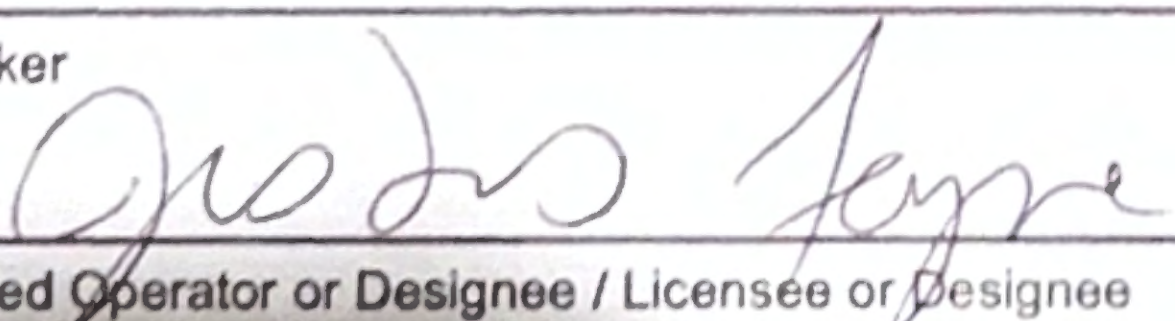
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<p>4 202.08(2)(am)1. A One-Unit Or Two-Unit Residential Building Shall Have A Functional Carbon Monoxide Detector Installed In The Basement And On Each Level Of The Building, Excluding The Garage And Attic, In Accordance With The Requirements Of S. 101.647, Stats.</p> <p>Description: There was no carbon monoxide detector in the basement.</p>	My Plan is to make sure I make my smoke detector go off biweekly and to keep it visible		
<p>5 202.08(2)(ar) The Home Shall Have A Functional Smoke Detector On Each Floor Level In Accordance With The Requirements Of S. 101.645, Stats.</p> <p>Description: There was no smoke detector in the basement.</p>	Same as 4		
<p>6 202.08(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.</p> <p>Description: An uncovered radiator with sharp edges was accessible to children. Aluminum foil with a sharp edge and several outlets were uncovered, these hazards were corrected at the time of the visit.</p>	I plan to cover to assure safety of children		

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<p>7 202.08(2)(g) Bathrooms, Including Toilets, Sinks, And Potty Chairs, Shall Be Clean And In Good Working Condition. Soap, Toilet Paper, Towels, And A Waste Paper Container Shall Be Provided In The Bathroom And Shall Be Accessible To Children.</p> <p>Description: Soap was not available for use in the bathroom.</p>	<p>My Plan is to supervise more closely when children use bathroom so I don't have to remove soap from them playing in it but to keep soap available for them</p>		
<p>8 202.08(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</p> <p>Description: The Health Report for child #2 was dated 7/14/2023. A following-up health report was not on file.</p>	<p>I plan to review paperwork more closely</p>		
<p>9 202.08(4)(b) The Physical Examination Report Shall Be Made On An Electronic Printout From A Licensed Physician, Physician Assistant, Or Health Check Provider Or On A Form Provided By The Department That Is Signed And Dated By A Licensed Physician, Physician Assistant, Or Health Check Provider.</p> <p>Description: The health report on file for child #4 was not signed and dated by a health care provider.</p>	<p>I plan to send paperwork home again and get paperwork filled out by doctor I will advise parent to</p>		

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10	202.08(4m)(a)2. The Emergency Plan Under Subd. 1. Shall Be Reviewed Periodically And Practiced As Specified In The Plan.  Description: The emergency plan including fire and tornado procedures were not practiced periodically	I plan to practice at least 1 a month during summer and 3 times during the winter	

NAME - Agency Worker  
Deborah Kersting

Date Issued  
8/6/2025



SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed