DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 10/11/2024	**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 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**
Where Dreams Begin Child Care	6000590706 / 001

Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
4249 N 38Th St Milwaukee WI 532161725	414-350-8845	9/23/2024

	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: Child #1, #3, #4, #7 and #8 were missing 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.	I will make Sure Parents recieve Payment agreement on First Day of Enrollment which will be due on First Day Child attend.	11/1/24	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	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.** Description: The basement did not have a carbon monoxide detector.	I will make sure that no one in Home remove detectors. Detectors will be installed higher up.	9/24/24	
3	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.** Description: The basement did not have a functional smoke detector.	I will make Sure no one in home remove Detectors. It will be installed higher	9/24/24	
4	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: Child #5 is missing an update health report on file.	Children Files will be Checked monthly.	11/1/24	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
5	202.08(4m)(a)1. **An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.** Description: The operator had a written emergency plan for a fire and tornado but was missing a written emergency plan for taking appropriate action in the events of the other emergencies.	I have printed OFF the PDF For Events OF emergencies and Filled it out which is located on parent board now	9/24/24	

Date Issued
9/27/2024

NAME - Agency Worker
Lou Thao

Date Signed
10/12/24

SIGNATURE - Certified Operator or Designee / Licensee or Designee