Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/20/2024		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	Provider Number / Facility ID Number
Susie's Home Childcare	2000587712 / 001 - 2002099

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1709 Howlett Ln Waukesha WI 53186	262-283-2785	7/31/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.a. **Child Record - Physical Exam - Under 2** Description: Child #3 does not have a 6 month follow up physical exam on file; last physical was 1/2024	I have provided the parents with the "child Health Report" to be filled out & signed by their doctor. If not returned to me by end of August, child will not be allowed to return to care.	08-31-24	
2	250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: Child #3 does not have the required immunization history on file.	same as above	08-31-24	

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Susie's Home Childcare		2000587712 / 001 - 2002099	
Address - Facility (Street, City, State, Zip Code) 1709 Howlett Ln Waukesha WI 53186	**Telephone Number** 262-283-2785	**Date - Regulation Visit** 7/31/2024	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.06(2)(c) **Access To Materials Potentially Harmful To Children** Description: Personal hygiene products, face creams, toothpaste and other items labeled "Keep Out of Reach of Children" were accessible to children in the bathroom vanity drawers and under the sink. Hydrocortisone cream was accessible to children in a low hanging basket in the hallway.	All bathroom cabinet doors & drawers have locks already installed on them. They are magnetic, but for some reason were ~~be~~ not locked that day. I will double check them every morning before opening to make sure that they are locked. As for the hydrocortisone cream, it was in the child's basket for her to take home at pick-up time. Parent has taken it home.	immediately	

NAME - Agency Worker
Charlene Langsdorf

Date Issued
8/6/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed