

Received via email on
8-25-26

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL

Date Correction Plan Due
8/22/2025

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)(a) 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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center
Learn Laugh And Grow Childcare
Provider Number / Facility ID Number
0000589570 / 001

Address - Facility (Street, City, State, Zip Code)
6004 Driscoll Dr Madison WI 537183041
Telephone Number
608-444-0702
Date - Regulation Visit
8/7/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(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: 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.	I will double check all required forms, to be sure all are complete.	8-11-2025	8-26-25

Description: Child #8 did not have the enrollment form on file.

EVERY

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>2</p> <p>202.08(4)(a) Health Form: A Certified Child Care Operator Shall Have A Current Report Or A Physical Examination On File For Each Child, Including The Operator's Own Children, Who Are Not Enrolled In A Public Or Private School.</p> <p>Description: Child #1, 2, and 5 did not have their Health Report on file.</p>	<p>I will be sure to double check for all required forms, to be sure all are completed and filed. All 3 children are not currently authorized for care.</p>	8-11-2025	8-26-25
<p>3</p> <p>202.08(4)(e) The Certified Child Care Operator Shall Have On File For Each Child In Care A Record Of The Child's Immunization History To Document Compliance With S. 252.04, Stats., And Ch. Dhs 144.</p> <p>Description: Child # 1 and 2 did not have their Immunization Records on file.</p>	<p>Double enclosing all children's forms to be sure all are completed to file. All 3 children authorization was ended. 8/29/2025 was their last day, and 8/22/2025</p>	8-11-2025	8-26-25

Date Issued
8/8/2025

NAME - Agency Worker
Hanaka Ehler

Date Signed
8-25-2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee