

Date Correction Plan Due
7/3/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
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 202.095, 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
Home Away From Home Childcare
Provider Number / Facility ID Number
3000589913 / 001 - 2005353

Address - Facility (Street, City, State, Zip Code)
5858 N 80Th St Milwaukee WI 532181717
Telephone Number
414-704-8450
Date - Regulation Visit
6/18/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)1m.f Child Record - Health History - Medical Condition Symptoms Description: Child 4 and Child 5 had medical conditions documented on their health history form. Both forms listed additional information regarding triggers, symptoms, and when to call parents or seek emergency medical treatment	Child 4 and 5 Health History was updated.	6/19/24	
2 250.05(3)(e)2 Provider Training - Current Cpr Certificate Description: A staff member did not have up-to-date training in CPR. Training had expired in April 2024.	Staff was completed CPR and is up-to-date	07/01/24	

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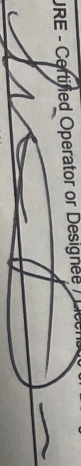
Date - Regulation Visit
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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.05(4)(c)1. Continuing Education - Requirement & Training Topics Description: A staff member did not have documentation that they completed 15 hours of continuing education in 2023. Only six of the hours were completed.	Class was order continuing education will be done.	07/16/2024	
4 250.05(1)(m) Supervision Of Children While Outdoors Description: A fence was not secured while children were playing outdoors when the provider went inside briefly to start lunch.	Teacher was reminded to keep gate closed while children is outside. Gate will be close	06/18/24	
5 250.06(2)(c) Access To Materials Potentially Harmful To Children Description: There was a poisonous plant, deadly nightshade, accessible in the backyard play area.	Plants was cut down. Will cut again if I see them growing back.	06/22/24	

NAME - Agency Worker
Sarah Stormont

Date Issued
6/19/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
07/01/2024