

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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.

Name - Certified Operator / Licensed Center Gentle Hearts Family Childcare		Provider Number / Facility ID Number 6000590886 / 001 - 2006693		
Address - Facility (Street, City, State, Zip Code) 2876 N 47Th St Milwaukee WI 532101752		Telephone Number 414-426-9986	Date - Regulation Visit 3/6/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.06(3)(b) Emergency Plans - Practice Description: IL was not able to verify drills practiced, carbon monoxide detector, or smoke alarms tested.	Children Comes at 1:30pm Did Fire Drill Wednesday 3-13-2024 4:30pm with Children. I test Fire Alarm + will test Every 2 weeks as well as Carbon monoxide!	3-13-2024	4:30pm 3/13/2024
2	250.06(4)(a)3. Smoke Detectors - Testing Description: IL was not able to verify smoke detectors being tested since becoming licensed in October of 2023.	Smoke detector batteries are great. I test the Smoke detector every two weeks with a ruler. + will continue to do so. Fire drills will be done monthly	3-13-2024	4:30pm 3/13/2024

NAME - Agency Worker
Tammy Saffold

Date Issued

RECEIVED
STATE OF WISCONSIN

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Balinda Jojner

MAR 25 2024

3-20-2024