

Date Correction Plan Due 7/24/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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 202.065, 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.

<b>Name - Certified Operator / Licensed Center</b> Gentle Hearts Family Childcare		<b>Provider Number / Facility ID Number</b> 6000590886 / 001 - 2006693		
<b>Address - Facility (Street, City, State, Zip Code)</b> 2876 N 47Th St Milwaukee WI 532101752		<b>Telephone Number</b> 414-426-9986	<b>Date - Regulation Visit</b> 7/8/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.04(6)(a)1.e. <b>Child Record - Enrollment Information - Other Emergency Contact</b>  Description: IL noted that children #6-10 were missing Emergency contact Information.	I will go through all files after Parent Drop them off to make sure it's filled out completely right. Emergency Contact Have been included in all files.	7-15-2024	
2	250.04(6)(a)1.f <b>Child Record - Enrollment Information - Medical Contact</b>  Description: IL could not verify medical facility for the following children; #1-4, and #8-10.	medical facility have been included in all files and I will make sure to keep them updated + included.	7-15-2024	

RECEIVED  
STATE OF WISCONSIN  
  
**JUL 30 2024**  
  
SOUTHEASTERN REGIONAL OFFICE  
DCF DECE BECR

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Gentle Hearts Family Childcare		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 7/8/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.04(6)(a)1.g <b>Child Record - Enrollment Information - Authorized Pickup</b>  Description: IL noted children#6-10 were missing person's authorized to call for/receive child.	Authorized Pickup have been included in all files. + updated. #6-10	7-15-2024	
4	250.04(6)(a)1.h <b>Child Record - Enrollment Information - Date Of Attendance</b>  Description: IL noted no start date listed for child 1 & 2.	Start date has been included for child 1 + 2 I will look and examine all files upon arrival	7-15-2024	
5	250.04(6)(a)1m.a. <b>Child Record - Health History - Name &amp; Birthdate</b>  Description: IL could not verify information required for this document (no evidence of Name and Birthdate).	Name + Birthday is included in all files.	7/15/2024	
6	250.04(6)(a)1m.b. <b>Child Record - Health History - Parent's Names</b>  Description: IL could not verify Health History Information and Emergency Care Plan for Children #1-10.	Health history has been included in all files 1-10	7/15/2024	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Gentle Hearts Family Childcare		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 7/8/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7	250.04(6)(a)1m.c. <b>Child Record - Health History - Parent Contact Info</b>  Description: IL was not able to verify the following information for children #1-10 including parent contact.	Health history filled out and sign by Dr. included in files	7-15-2024	
8	250.04(6)(a)1m.e. <b>Child Record - Health History - Medical Conditions</b>  Description: IL was not able to verify the following for children #1-10 for medical conditions.	Filled out by parent + included in file  I will continue to make sure all paperwork is in files, + updated.	7-15-2024	
9	250.04(6)(a)1m.f. <b>Child Record - Health History - Medical Condition Symptoms</b>  Description: IL was not able to verify the following information for children #1-10 regarding Health History.	included in file of all children	7-15-2024	
10	250.04(6)(a)3. <b>Child Record - Alternate Arrival / Release Agreement</b>  Description: IL could not verify alternate release agreements for children #1-10.	included in all files of each child.	7-15-2024	

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 7/8/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
11	250.04(6)(a)5. <b>Child Record - Consent For Emergency Medical Treatment</b>  Description: IL was not able to verify emergency medical information Children #1-10.	Emergency medical treatment has been added to all files of all children	7-15-2024	
12	250.07(6)(g)6. <b>Handwashing For Persons Working With Children</b>  Description: IL observed the classroom assistant change a child's diaper and didn't wash hands before or after. In addition, the same staff went to the kitchen after changing the diaper to grab lunch plates to set out for the children.	Assistant has been instructed to wash hands before + after changing diapers. Assistant been asked to wash hands in bathroom not kitchen!! Assistant been instructed to wash hands before handling food!! HAS BEEN APPLYING	7-15-24	
13	250.09(4)(b) <b>Infant &amp; Toddler - Diaper Changing Surface - Disinfection</b>  Description: IL observed an assistant change a child on pad but didn't witness the pad being cleaned afterwards.	Assistant been instructed to wash changing pad after use!! + She has been applying this!	7-15-24	

NAME - Agency Worker  
Tammy Saffold

*Belinda Joyner*

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Issued  
7/17/2024

*7/23/2024*

Date Signed