

Date Correction Plan Due 7/31/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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 Destiny's Child Care Center		Provider Number / Facility ID Number 7000591357 / 001		
Address - Facility (Street, City, State, Zip Code) 2857 N 56Th St Milwaukee WI 532101526		Telephone Number 414-343-9020	Date - Regulation Visit 7/9/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(12)(d) The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Making A Copy Of The Applicable Certification Standards Available To Each Parent Description: The parent for child #5 did not check the Enrollment and Health History Information form box, stating the parent and had the opportunity to review the summary of Wisconsin rules (DCF 202).	I gave the mother the enrollment and Health history form to complete within 14 business days	7/29/2024	

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2	<p>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:</p> <ol style="list-style-type: none"> 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. <p>Description: Child #5 was missing the physician/medical facility information on the Enrollment and Health History Information form on file.</p>	<p>I informed mom that I needed to child 5's physician and medical forms, she informed me the child was going to the doctor on 7/22/2024 and she would get the forms for me then.</p>	7/23/2024	
3	<p>202.08(12)(i) The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Informing The Parent In Writing Whether The Premises And Child Care Business Are Covered By A Child Care Liability Insurance Policy.</p> <p>Description: The operator did not communicate with the parent, informing the parent in writing whether a child care liability insurance policy covers the premises and child care business for child #5.</p>	<p>I will type of said letters and add copies to all the children files.</p>	7/29/2024	

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4	<p>202.08(2)(c) The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.</p> <p>Description: Nightshades were growing outside in the backyard that was accessible to children.</p>	I am getting that cut down out of the yard	7/27/2024	
5	<p>202.08(4)(a)1. For Each Child Under 2 Years Of Age, A Report Of A Physical Examination Conducted Not More Than 6 Months Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 6 Months Thereafter.</p> <p>Description: Child #1 was missing a health report on file.</p>	I notified mom of the missing health report form, she said she will get it filled out by the physician.	7/29/2024	
6	<p>202.08(4)(a)2. For A Child 2 Years Of Age Or Older, A Report Of A Physical Examination Conducted Not More Than 2 Years Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 2 Years Thereafter</p> <p>Description: Child #5 was missing a health report on file.</p>	I notified mom of the missing health report and she said she will get it filled out by the physician.	7/29/2024	

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7	<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 was missing an immunization history record on file.</p>	Child 1 immunization history is in file.	7/22/2024	
8	<p>202.08(4m)(a)1. An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.</p> <p>Description: The operator did not have a written emergency plan for taking appropriate action in the event of emergency including a fire; a tornado; a flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.</p>	I will go on the dcf website and complete an emergency plan and post it on my board	8/1/2024	

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9	<p>202.08(4m)(a)1.a-c An Operator's Emergency Plan Shall Include Procedures For All Of The Following: A. Evacuation, Relocation, Shelter-In-Place, And Lock-Down. B. Communication And Reunification With Families. C. Ensuring That The Needs Of All Children Are Met, Including Children Under 2 Years Of Age, Children With Disabilities, And Children With Chronic Medical Conditions.</p> <p>Description: The operator did not have a written emergency plan that include procedures for all of the following: a. Evacuation, relocation, shelter-in-place, and lock-down. b. Communication and reunification with families. c. Ensuring that the needs of all children are met, including children under 2 years of age, children with disabilities, and children with chronic medical conditions.</p>	I will go on the dcf website and complete an emergency plan and post it on my board.	8/1/2024

NAME - Agency Worker
Lou Thao

Date Issued
7/17/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Destiny Jones

Date Signed
7/21/2024