

Date Correction Plan Due 9/17/2024	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 Enhancing Steps Child Care	Provider Number / Facility ID Number 3000589653 / 001
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Address - Facility (Street, City, State, Zip Code) 4215 N 42Nd St Milwaukee WI 53216	Telephone Number 414-975-5873	Date - Regulation Visit 8/26/2024
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<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 #3 and #4 were missing the emergency contact information and physician/medical facility information on the enrollment and health history information form.</p>	<p><i>I will get a emergency contact and also the physician information filled out for child #3 and #4 on the enrollment and health history information form.</i></p>	<p><i>9-16-24</i></p>	

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Enhancing Steps Child Care

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Address - Facility (Street, City, State, Zip Code)

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4215 N 42Nd St Milwaukee WI 53216

414-975-5873

8/28/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	<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: The bathroom had items that stated "keep out of reach of children" accessible to children.</p>	<p><i>I will remove all items that shall be out of reach from children!</i></p>	<p><i>8-28-24</i></p>	

NAME - Agency Worker

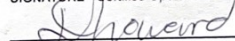
Date Issued

Lou Thao

9/3/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



9-16-24