

TO FILE A COMPLAINT CALL

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL

Date Correction Plan Due
3/14/2025

Date Correction Plan Due
3/10/2025

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

Provider Number / Facility ID Number

Love And Beyond

1000589911 / 001

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

Telephone Number

Date - Regulation Visit

5274 N 64Th St Milwaukee WI 532183001

414-241-8587

1/28/2025

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

1 202.08(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:

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.

I Sent the Paperwork home for the mom can fix.

1/28/25

1/29/25

Description: The Enrollment form for child #9 was incomplete.

Name - Certified Operator / Licensed Center

Love And Beyond

Provider Number / Facility ID Number

1000589911 / 001

Address - Facility (Street, City, State, Zip Code)
5274 N 64Th St Milwaukee WI 532183001

Telephone Number
414-241-8587

Date - Regulation Visit
1/28/2025

Rule/Statute Number
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Verification
Date

2

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.

Description: The Health Report for child #9 was outdated.

Asked the parent for an update Report.

1/28/25

1/30/25

3

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

Description: The Health Reports for children #2 and #3 were outdated.

Asked the parent for an update Report.

1/28/25

2/7/25

ME - Agency Worker
Houston

Date Issued
2/28/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

[Handwritten Signature]

3/20/2025