

Date Correction Plan Due
9/10/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL

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)(i) 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 School 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 specialists. 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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center
Rainbow Playhouse Family Childcare
Provider Number / Facility ID Number
4000590644 / 001

Address - Facility (Street, City, State, Zip Code)
4778 N 30Th St Milwaukee WI 532096018
Telephone Number
414-416-0422
Date - Regulation Visit
8/23/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(1)(b)4.c. A Provider Working In A Regular Or Provisional Certified Child Care Program Shall Successfully Complete Department-Approved Preservice Training Under Subd. 3. By 3 Months After Work Commencing. Description: The 2nd provider has not taken the required preservice training within the timeline.	Care giver is working on needed classes and not working until classes are done	HBD	
2 202.08(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. Description: There was no immunization record on file for child #2 on the Child Record Checklist.	Child immunization was placed in one of the siblings folders on accident correction was made same day	8/23/24	

Name - Certified Operator / Licensed Center Rainbow Playhouse Family Childcare		Provider Number / Facility ID Number 4000590644 / 001	
Address - Facility (Street, City, State, Zip Code) 4778 N 30Th St Milwaukee WI 532096018		Telephone Number 414-416-0422	Date - Regulation Visit 8/23/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	202.08(5)(j) The Operator Shall Maintain Documentation Of The Actual Hours That A Provider Who Is Not Also The Operator Has Worked. Description: The 2nd provider was not signed into care.	Care giver wasn't sign in because she was on the clock working for my son but care giver did pick up one of the children while I was busy and during compliance visit. Correction was made same day	8/23/24
			Verification Date

NAME - Agency Worker
Jean Houston

Date Issued
8/27/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Janene Edwards

Date Signed

10/11/24