

<b>Date Correction Plan Due</b> 3/29/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 262-446-7800
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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.

<b>Name - Certified Operator / Licensed Center</b> Love Care And Hope Childcare Ctr		RECEIVED STATE OF WISCONSIN MAR 28 2024		<b>Provider Number / Facility ID Number</b> 4000573364 / 002 - 2002950	
<b>Address - Facility (Street, City, State, Zip Code)</b> 2840 N 44Th St Milwaukee WI 532101707		SOUTHEASTERN REGIONAL OFFICE DCF DECE BECR		<b>Telephone Number</b> 414-445-2946	<b>Date - Regulation Visit</b> 3/7/2024
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>		<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.04(3)(j) <b>Report - Change In Transportation Services</b>  Description: The licensee failed to report and receive Department approval for transportation services prior to transporting children.	I will not transport children unless approved by the Department		03/07/24	
2	250.04(6)(a)1m.f. <b>Child Record - Health History - Medical Condition Symptoms</b>  Description: Documentation of health history triggers and symptoms was not observed for Child #4. The child is listed as having a fish allergy.	I will have parent to list allergy or triggers to child #4 on history health form.		03/11/24	

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3	250.04(6)(a)4.a. <b>Child Record - Physical Exam - Under 2</b>  Description: A follow-up health exam was not observed for Child #4. The last documented health exam was conducted 06/2023.	I will make sure child # 4 health exam is completed by Parent.	03/11/24	
4	250.06(2)(m) <b>Premises - Condition &amp; Repair</b>  Description: The premises was not observed clean. Multiple dust webs and wall stains were visible and required cleaning.  Repeat violation: Previously cited on 2/6/2023	I will keep center clean of hand's prints and dust webs.	03/9/24	
5	250.06(2)(n)2. <b>Radon - Results</b>  Description: Radon test results were not submitted to the Department within 5 days of the completed test.	I will submit any <sup>test</sup> results to the Department within the indicated completed test period or days.	03/11/24	
6	250.06(4)(a)1. <b>Smoke Detectors</b>  Description: A smoke detector was not observed in the room children nap in.	Smoke Detector was install in the room that children nap in.	03/9/24	

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7	250.06(7)(a)1. <b>Exits - Unobstructed</b>  Description: The back exit was blocked by a garbage can.	The garbage can was removed.	03/07/24	
8	250.08(2) <b>Permission And Emergency Information</b>  Description: Prior to transporting children, the licensee failed to obtain signed permission from the parent for transportation and emergency information for each child.	I will obtain signed permission from parent in transporting children and I will have emergency information available for each child being transported.	03/07/24	
9	250.08(3) <b>Required Information For Each Trip</b>  Description: The licensee failed to ensure that written documentation of the list of children being transported, and a copy of the completed permission and emergency information was maintained at the center and in any vehicle transporting children while the children are being transported.	I will submit to the department a list of children when being transported and I will keep emergency information for each child in vehicle when transporting.	03/07/24	
10	250.09(1)(c)1. <b>Infant &amp; Toddler - Information For Providing Individualized Care</b>  Description: The intake form was observed incomplete for Child #4.	I gave intake form to Parent to complete for Child #4	03/11/24	

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			<b>Verification Date</b>

**NAME - Agency Worker**  
Crescenta Sabree, Tameka Thompson

**Date Issued**  
3/15/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*Stacia Rose*

**Date Signed**

*03/23/24*