

Date Correction Plan Due 10/22/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
--	--	--

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 Love Care And Hope Childcare Ctr		Provider Number / Facility ID Number 4000573364 / 002 - 2002950		
Address - Facility (Street, City, State, Zip Code) 2840 N 44Th St Milwaukee WI 532101707		Telephone Number 414-445-2946	Date - Regulation Visit 10/8/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(b) Current, Accurate Daily Attendance Record Description: The attendance was observed inaccurate. Two (2) children were present, without being signed-in.	<i>All children will be signed in upon arrival / departure.</i>	<i>10/9/24</i>	
2	250.055(1)(L) Procedure - Number, Names, Whereabouts Known At All Times Description: The tracking method was observed incomplete. The attendance record was incomplete and is used as the tracking procedure.	<i>I will keep the attendance form accurate for tracking of children.</i>	<i>10/9/24</i>	

Name - Certified Operator / Licensed Center Love Care And Hope Childcare Ctr		Provider Number / Facility ID Number 4000573364 / 002 - 2002950	
Address - Facility (Street, City, State, Zip Code) 2840 N 44Th St Milwaukee WI 532101707		Telephone Number 414-445-2946	Date - Regulation Visit 10/8/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	250.06(9)(d) Food Storage, Temperatures Description: Food was not completely covered in the refrigerator. There were holes observed in the plastic covering ground meat in the refrigerator.	All food will be completely package	10/9/24
4	250.06(9)(e) Leftover Food Description: Leftover prepared food was observed in the refrigerator without a label that also includes a date of preparation.	All leftover food will be dated.	10/9/24

NAME - Agency Worker
Crescenta Sabree

Date Issued
10/8/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Belashir Lom

Date Signed

10/09/2024