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 Station  
 Case Number  
 10-2-2024  
 Page 1 of 1

STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

Date Correction Plan Due: 9/24/2024

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL 262-445-7100

**Use of Form:** This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline proposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.995, DCF 202.942(3) and (3)(b), GCP 201.042(1) and (3)(b), DCF 202.411(1)(a) and (2)(b). 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. 48.557. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.713. If the department decides to apply a statutory sanction and / or penalty for facts arising from the 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: HeartBeat Child Care  
 Provider Number / Facility ID Number: 9000590489 / 001 - 2005534

Address - Facility (Street, City, Item, Zip Code): 4561 N Sherman Blvd, Milwaukee WI 532095653  
 Telephone Number: 262-657-0500  
 Date - Regulation Visit: 8/10/2024

Item	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(5)(a)1.e. Child Record - Enrollment Information - Other Emergency Contact Description: Child #2 did not have complete emergency contact information provided within their paperwork.	I will provide all forms		
2	250.04(5)(a)1.f. Child Record - Enrollment Information - Medical Contact Description: Child #2 did not have complete contact information provided for their medical provider.	I will provide all forms		

9-2024

2  
 250.04(2)(c) 1  
 Child Record - Enrollment Information - Medical Contact  
 Description: Child #2 did not have complete contact information provided for their medical provider.

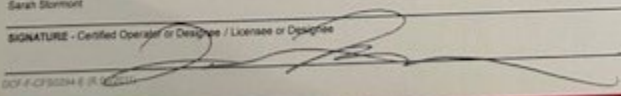
Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
HeartBeat Child Care		9000500450 / 001 - 205534	
Address - Facility (Street, City, State, Zip Code) 4501 N Sherman Blvd Milwaukee WI 532085533		Telephone Number 262-667-0500	Date - Registration Visit 9/19/2024
Item/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.04(2)(4)(m) Child Record - Immunization History Compliance Description: Child #1 and #2 did not have immunization records on file within 30 days of enrollment.	I will provide all forms		
4 250.04(2)(b) Current, Accurate Daily Attendance Record Description: Three children were in attendance during the visit. There were no children signed in to on the attendance form.	I will provide all forms		
5 250.05(2)(i) Staff File - Days, Hours Worked Description: Staff hours were not recorded on the attendance form at the time of the visit.	I will provide all forms		
6 250.06(11)(b)4 Outdoor Play Space - Enclosure Description: The permanent enclosure may not have any open areas that are greater than 4 inches. The gate to the outdoor play area was broken and unable to close securely.	I will take care of all outdoor space		

Date Issued  
9/20/24

Date Signed  
10-9-2024

Page 1 of 1

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Head/Deaf Child Care		9000760489 / 001 - 2005534		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
4301 N Sherman Blvd Milwaukee WI 532095853		262-867-0500	9/10/2024	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7 250.06(2)(g) Access To Materials Potentially Harmful To Children	Description: There were several cleaners accessible on the kitchen counter and items labeled (Keep out of reach of children) in the bathroom medicine cabinets.	I will keep all cleaning supplies in the cabinets		
8 250.06(2)(h) Deteriorating Or Toxic Paint	Description: The side of the garage had sections of flaking and peeling paint in an area accessible to children.	I will take care of all outdoor space		
9 250.06(2)(i)1.a Radon - Testing	Description: There was no record of a completed radon test on file. Radon testing was required as of 9/1/2023.	I will provide this test		
10 250.07(5)(b)3.a Medical Log Book - Evidence Of Injuries Received In Or Out Of Care	Description: A child came to the program on 9/9/2024 with a scratch on the cheek. The injury and its cause was not documented in the medical log book at the time of the visit.	I will provide all forms		

Name - Certified Operator / Licensed Center Hear/Best Child Care		Provider Number / Facility ID Number 900590459 / 001 - 2009534	
Address - Facility (Street, City, State, Zip Code) 4501 N Sherman Blvd Milwaukee WI 532096853		Telephone Number 262-957-0600	Date - Regulation Visit 9/12/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
11 250.084(1)(1) Driver Record - Obtain & Review Description: Prior to the day a driver first transports children in care and annually thereafter, the licensee shall obtain a copy of the driving record for each driver and place the record in the staff file. The previous driving record was completed in 2022.	I will provide all forms		
12 250.08(5)(b) Vehicle Inspection Form Description: At 12-month intervals, the licensee shall provide the department with evidence of a vehicle's safe operating condition on a form provided by the department. The inspection on file was completed more than 12 months ago.	I will provide all forms		
NAME - Agency Worker Sarah Stormont		Date Issued 9/12/2024	
SIGNATURE - Certified Operator or Designer / Licensee or Operator 		Date Signed 10-8-2024	
DCF-F-035234-E (R 02/11)		Page	

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