6	202.08(4m)(a)1.a-c An Operator's Emergency Plan Shall Include Procedures For All Of The Following: A. Evacuation, Relocation, Shelter-In-Place, And Lock-Down. B. Communication And Reunification With Families. C. Ensuring That The Needs Of All Children Are Met, Including Children Under 2 Years Of Age, Children With Disabilities, And Children With Chronic Medical Conditions. Description: Provider did not have a written emergency plan.	a written plan emergencies

Jane Redmond Marc 4 2

DCF-F-CFS0291-E (R.05/2011)

STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
3/7/2024		

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 202.085, 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
Redmond's Childcare	4000590814 / 001
Address - Facility (Street, City, State, Zip Code) 1754 Orchard St Racine WI 534053721	**Telephone Number** 262-456-1543
	Date - Regulation Visit 2/22/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(12)(c) *The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Developing A Written Contract That Specifies The Charge For Child Care And The Expected Frequency Of Payment For The Service. The Contract Shall Be Signed By The Operator And A Parent Or Guardian.* *Description: Children 1-4 did not have signed contracts.*	will have ~~done~~ completed Signed Contracts And Substitute Child Caregivers	may 7 2024	

Jane Redmond - March - 4 - 2024

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Jane Redmond

DCF-F-CFS0294-E (R.06/2011)

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Redmond's Childcare		4000590814 / 001	
Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit	
1754 Orchard St Racine WI 534053721	262-456-1543	2/22/2024	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	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.** Description: All children were missing a completed enrollment & health history form with a first day of attendance.	will have all forms Completed	may 7 2024	
3	202.08(2)(c) **The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.** Description: Several outlets were missing covers. Several doors did not have child locks. Cleaning supplies were accessible under the sink in the bathroom.	Out Lets will Be Covered Child Safety Latch Under Sink in Bathroom Child Locks for doors will Be Installed	May 7-2024	

Jane Redmond March 4-2024

CFS0294-E (R.06/2011)

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Redmond's Childcare		4000590814 / 001	
Address - Facility (Street, City, State, Zip Code) 1754 Orchard St Racine WI 534053721	Telephone Number 262-456-1543	Date - Regulation Visit 2/22/2024	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
4 202.08(4)(a) **Health Form: A Certified Child Care Operator Shall Have A Current Report Of A Physical Examination On File For Each Child, Including The Operator's Own Children, Who Are Not Enrolled In A Public Or Private School.** Description: Children 1-4 were missing health reports.	Will have Completed Physical Exam Report for Chil. 1-4	May 7 2024	
5 202.08(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: Children 2 & 3 did not have immunizations.	Will have done Immunization Completed history for Children 2&3	May 7 2024	
6 202.08(4m)(a)1.a-c **An Operator's Emergency Plan Shall Include Procedures For All Of The Following:** **A. Evacuation, Relocation, Shelter-In-Place, And Lock-Down.** **B. Communication And Reunification With Families.** **C. Ensuring That The Needs Of All Children Are Met, Including Children Under 2 Years Of Age, Children With Disabilities, And Children With Chronic Medical Conditions.** Description: Provider did not have a written emergency plan.	Will have done Completed a written emergency Plan	May 7-2024	

Jane Redmond March 4 2024

DCF-F-CFS02314-E (R.08/2011)

Name - Certified Operator / Licensed Center	Provider Number / Facility ID Number	Date - Regulation Visit
Redmond's Childcare	400050014 / 001	2/22/2024

Address - Facility (Street, City, State, Zip Code)	Telephone Number
1754 Orchard St Racine WI 534053721	262-456-1643

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

Date Issued
2/22/2024

NAME - Agency Worker
Magregor Mianecki-Saylor, Semaja Mcclain

Date Signed
March 4 - 2024

SIGNATURE Certified Operator or Designee / Licensee or Designee
Gene Redmond

DCF-F-CFS0294-E (R.08/2011)