

Date Correction Plan Due 8/21/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b>
---------------------------------------	--	---------------------------------

**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> Seeds Of Hope Cdc		<b>Provider Number / Facility ID Number</b> 8000590958 / 001	
<b>Address - Facility (Street, City, State, Zip Code)</b> 2861 N 1St St Milwaukee WI 532122403		<b>Telephone Number</b> 414-722-7156	<b>Date - Regulation Visit</b> 8/6/2025
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	<p>202.08(10)(a) <b>A Child Care Provider Shall Ensure That Each Child Shall Be Served One Meal Or Snack At Least Once Every 3 Hours. Each Meal And Snack Shall Meet The U.S. Department Of Agriculture Child And Adult Care Food Program Minimum Meal Requirements.</b></p> <p>Description: The certifier observed Staff B serving juice along with lunch for the child. It did not meet the The U.S. Department Of Agriculture Child And Adult Care Food Program Minimum Meal Requirements of milk needs to be served at every meal.</p>	<p><i>staff B has been reminded of the meal requirements and instructed to follow the menu at all times. A copy of the menu has been added to staff B substitute binder.</i></p>	8/7/21

Name - Certified Operator / Licensed Center Seeds Of Hope Cdc		Provider Number / Facility ID Number 8000590958 / 001	
Address - Facility (Street, City, State, Zip Code) 2861 N 1St St Milwaukee WI 532122403		Telephone Number 414-722-7156	Date - Regulation Visit 8/6/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 202.08(4)(a)1. For Each Child Under 2 Years Of Age, A Report Of A Physical Examination Conducted Not More Than 6 Months Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 6 Months Thereafter.  Description: Staff B was not able to locate the updated health report for child #1. Child #1 was missing an updated health report on file.	Child health report has been updated and placed in child's file. A reminder notification for easier access added to PC. For due dates 30 days prior.	8/8/25 Staff B has been updated on location of children's files	
3 202.08(4m)(a)2. The Emergency Plan Under Subd. 1. Shall Be Reviewed Periodically And Practiced As Specified In The Plan.  Description: Staff B did not know where the tornado shelter was located in the basement.	Staff B has been retrained on location of tornado shelter, underneath the basement stairs. Signage has also been posted.	8/8/25	
4 202.08(5)(j) The Operator Shall Maintain Documentation Of The Actual Hours That A Provider Who Is Not Also The Operator Has Worked.  Description: Staff B was not sign in on the attendance sheet during the monitoring visit since he was in care of the childcare children.	Staff B reminded to sign in on attendance sheet whenever in care of the children. Attendance sheet for staff will be checked immediately going forward.	8/6/25	

NAME - Agency Worker  
Lou Thao

Date Issued  
8/7/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Janka Neely*

Date Signed

8/19/2025