

Date Correction Plan Due 9/13/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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.

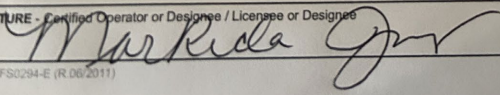
Name - Certified Operator / Licensed Center In Good Hands Cc And Lrng Ctr	Provider Number / Facility ID Number 0000591160 / 001 - 2006330
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Address - Facility (Street, City, State, Zip Code) 8169 W Kathryn Ave Milwaukee WI 532183640	Telephone Number 414-766-4234	Date - Regulation Visit 8/29/2024
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.c. Child Record - Enrollment Information - Address & Telephone Description: Child 2 did not have a home address or phone number listed on enrollment form during the monitoring visit.	Go over form with child 2 parent to make sure phone address has been added to form.	8.30.24	
2	250.04(6)(a)1.d. Child Record - Enrollment Information - Parent Contact Info Description: Child 1 and Child 2 had incomplete parent information at the time of the monitoring visit.	Go over form with child 1 and 2 parents. To make sure parent information has been added.	8.30.24	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.04(6)(a)1.e. Child Record - Enrollment Information - Other Emergency Contact Description: Child 1 and Child 2 had incomplete emergency contact and authorized persons information available for review at the time of the monitoring visit.	Go over form with child 1 and 2 parent add emergency contact and authorization person info.	8-30-24	
4	250.04(6)(a)1m.d. Child Record - Health History - Medical Contact Description: Child 2 did not have information for physician or medical facility at the time of the monitoring visit.	Have child 2 parent complete health history form.	8-30-24	
5	250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period Description: Provider did not have documentation of 15 hours of continuing education. Provider was able to provide documentation for 2 hours of continuing education during the monitoring visit.	Ordered Training Book From Early Ed. Station. <u>Completed:</u> CPR Adult/Child Mandated Report etc	9-31-24	
6	250.06(9)(l) Meals & Snacks - Records Description: No menus were available for review at the time of the monitoring visit.	I will correct this action By making sure Meal & Snack Log is always hanging in Daycare.	8-30-24	

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	Rule/Statute Number 250.07(6)(b)2.	Correction Plan	Expected Completion Date	Verification Date
	Noncompliance Statement Medical Log Book - Pages And Entries Description: Review of the medical log book showed lines skipped between entries and no initials of Staff entering the entries.	I went in and added lines in between entries and will continue to follow that method.	8-30-24	

NAME - Agency Worker Mindi Sabljak	Date Issued 8/30/2024
SIGNATURE - Certified Operator or Designer / Licensee or Designer 	Date Signed 8-30-24

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Good morning I couldn't get my scanner to scan I took a pic of correction plan. Thanks

On Fri, Aug 30, 2024 at 9:36 AM Sabljak, Mindi M - DCF

<MindiM.Sabljak@wisconsin.gov> wrote:

Good Morning:

It was great to finally meet you yesterday. I am attaching the noncompliance from our visit, please complete and return to me - then hang on your parent board!

Mindi Sabljak

Licensing Specialist

Early Care and Education / Early Care and Regulation

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