DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

| Date Correction Plan Due<br>10/22/2024 | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL |
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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 | | Provider Number / Facility ID Number | |
|---|---|---|---|
| Growing Hands Childcare | | 0000591320 / 001 | |
| Address - Facility (Street, City, State, Zip Code)<br>3523 N 76Th St Milwaukee WI 532223007 | Telephone Number<br>414-394-9996 | Date - Regulation Visit<br>10/7/2024 | |
| | Correction Plan | Expected Completion Date | Verification Date |
| Rule/Statute Number<br>Noncompliance Statement | | | |
| 1 202.08(12)(c)<br>**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.**<br><br>Description: The was no contract on file for the families of children #1, #4-#5 on page 1 of the Child Record Checklist. | Once I was made aware it was a contract missing I got a new one and went over it with the parent and now its completed. | 10-8-2024 | |

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| | Rule/Statute Number<br>Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
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| 2 | 202.08(12)(d)<br>**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 Making A Copy Of The Applicable Certification Standards Available To Each Parent**<br><br>Description: The there was no documentation the family of child #1 on the Child Record Checklist have been notified regarding certification standards. | The parent already filled out forms. | 10/8/2024 | |
| 3 | 202.08(12)(f)1-4<br>**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:**<br>**1. The Parents' Home And Work Phone Numbers.**<br>**2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan.**<br>**3. The Parents' Signed Consent For Emergency Medical Care.**<br>**4. A Name And Number To Call If The Child Requires Emergency Medical Care.**<br><br>Description: The Enrollment/Health History form was incomplete for children #1 on page 1 of the Child Record Checklist and child #2 on page 2. | I printed out a new enrollend form and had the parent redue the whole thing with me making sure it was filled out right | 10/8/2024 | |

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| 4 | 202.08(12)(i)<br>**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 Informing The Parent In Writing Whether The Premises And Child Care Business Are Covered By A Child Care Liability Insurance Policy.**<br><br>Description: There was no documentation on file that child #1 on page 1 of the Child Record Checklist had been notified regarding liability insurance coverage. | Ongoing communication has been establish and forms are done with signatures. | 01/13/25 | |
| 5 | 202.08(4)(a)2.<br>**For A Child 2 Years Of Age Or Older, A Report Of A Physical Examination Conducted Not More Than 2 Years Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 2 Years Thereafter**<br><br>Description: The was no health report on file for child #1 and child #6 on page 1 of the Child Record Checklist. | I asked parent about form and was sent an update copy the next day | 10/12/24 | |

NAME - Agency Worker
Jean Houston

Date Issued
10/8/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed