

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL  
262-446-7800

Date Correction Plan Due

**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 Ready Step Grow Family Childcare		Provider Number / Facility ID Number 6000591646 / 001 - 2006848		
Address - Facility (Street, City, State, Zip Code) 2855 N 50Th St Milwaukee WI 532101654		Telephone Number 414-639-1853	Date - Regulation Visit 10/17/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4m. <b>Child Record - Immunization History Compliance</b>  Description: Child 1 was missing immunization documentation since beginning care as of 7/20/2024 viewed file on 10/17/2024.	I will monitor my due dates more accurately and write the dates on the paperwork at the time of signing.	10/23/2024	
2	250.06(3)(b) <b>Emergency Plans - Practice</b>  Description: IL was not able to verify drills being practiced for month of September 2024 as of 10/17/2024 site visit for monitoring.	I will not forget to bring my emergency plan book along for drills. It will prevent forgetting to fill out my form.	10/18/2024	

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3 250.06(4)(a)3. Smoke Detectors - Testing  Description: IL was not able to verify testing of systems for the month of September 2024 on 10/17/2024 monitoring visit.	Fill out the booklet at the time of testing	10/18/17	

NAME - Agency Worker  
Tammy Saffold

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Kapishwa Ghosh*

Date Signed

10/22/2024