

**Date Correction Plan Due**  
10/7/2024

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**TO FILE A COMPLAINT CALL**  
262-446-7800

**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

T Truly Blessed Childcare

Provider Number / Facility ID Number

1000591241 / 001 - 2006415

Address - Facility (Street, City, State, Zip Code)  
2236 N 39Th St Milwaukee WI 532081335

Telephone Number  
414-312-8470

Date - Regulation Visit  
9/23/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)4.a. Child Record - Physical Exam - Under 2  Description: Child #1, under the age of two, did not have an updated health report. The health report on file was dated 1/23/24.	<i>Provider will ensure that all files are updated &amp; children under 2 have health report updated every 6 months. Received updated health report &amp; placed in child's file.</i>	<i>10/1/24</i>	
2 250.06(4)(a)4. Smoke Detectors - Batteries  Description: The smoke detector was chirping during the monitoring visit.	<i>Provider will ensure that smoke detector batteries are changed &amp; charged at all times. Batteries were replaced in smoke detector immediately</i>	<i>9/23/24</i>	

Name - Certified Operator / Licensed Center

Truly Blessed Childcare

Address - Facility (Street, City, State, Zip Code)  
2236 N 39Th St Milwaukee WI 532081335

Provider Number / Facility ID Number  
1000591241 / 001 - 2006415

Telephone Number  
414-312-8470

Date - Regulation Visit  
9/23/2024

Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected  
Completion Date

Verification  
Date

250.07(3)(d)  
Amount Of Outdoor Play Equipment

Description: There was not enough outdoor play equipment on the premises for the children in care.

Repeat violation: Previously cited on 10/12/2023

Provider will ensure that broken toys are replaced immediately for outdoor equipment.  
Provider placed more outdoor equipment & toys outdoors.

9/25/24

250.09(1)(c)1.  
Infant & Toddler - Information For Providing Individualized Care

Description: There was no intake form for Child #1.

Provider will ensure that all children files are complete  
Provider placed intake form in file immediately that day when parent picked child up.

9/23/24

250.09(1)(c)4.  
Infant & Toddler - Soft Materials In Cribs

Description: A child under the age of 1 was observed to be sleeping with a bib around their neck. The child was also sleeping on their belly.

Provider will ensure bibs are taken off each child before placing in bed.  
Provider removed bib immediately

9/23/24

250.09(2)(c)  
Infant & Toddler - Sleep Position

Description: During the monitoring visit there were two children under the age of one sleeping on their stomachs. There was no documentation from a physician that the child should be placed on their stomachs for sleep.

Provider will ensure that all children under 1 will be placed on their stomachs to sleep, constantly place them back on their stomachs while sleeping, or receive documents from their physicians.  
Children were placed back on their stomachs to sleep immediately.

9/23/24

Name - Certified Operator / Licensed Center

Truly Blessed Childcare

Address - Facility (Street, City, State, Zip Code)  
2236 N 39Th St Milwaukee WI 532081335

Telephone Number  
414-312-8470

Provider Number / Facility ID Number  
1000591241 / 001 - 2006415

Date - Regulation Visit  
9/23/2024

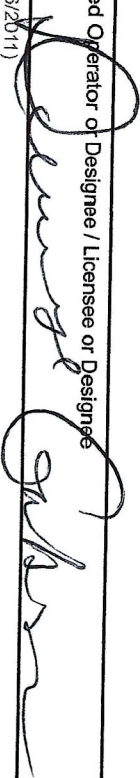
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker  
Katrina Tarantino

Date Issued  
9/23/2024

SIGNATURE - Certified Operator of Designee / Licensee or Designee

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



Date Signed

10/3/24