

Date Correction Plan Due 4/17/2025	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		Provider Number / Facility ID Number		
Daveon Precious Hands Lrng Ctr		9000582579 / 002 - 2006221		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
2813 N 53Rd St Milwaukee WI 532101614		414-998-3055	4/1/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2)(d)1. Staff File - Physical Examination - Form Description: Staff B did not have documentation of a physical exam on file.	On 4-4-25 staff was able to have a physical done form was brought in that afternoon		
2	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Staff A's training in child abuse & neglect laws, identification, and reporting was expired. Staff B's did not have this training on file.	In the admin. register staff A & B for the training on June 5, 2025	6-5-25	

Name - Certified Operator / Licensed Center

Daveon Precious Hands Lrng Ctr

Address - Facility (Street, City, State, Zip Code)

2813 N 53Rd St Milwaukee WI 532101614

Telephone Number

414-998-3055

Date - Regulation Visit

4/1/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period Description: Staff A did not have 15 hours of continuing education documented as being completed in 2024. Repeat violation: Previously cited on 4/11/2024	Staff has register in some CEC. Class will be finish in some of 2025	June 2025	
4	250.07(3)(e) Trampolines & Inflatable Bounce Surfaces Description: A small trampoline was observed in the outdoor play space.	As of 4-1-25 the Admins. removed the trampoline from play are		

NAME - Agency Worker

Cindy Matuszak

Date Issued

4/2/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

W. A. Bell

Date Signed

4-4-25