

Date Correction Plan Due 7/2/2024	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		Provider Number / Facility ID Number	
Most Precious Journee Day Care		1000587781 / 002 - 2001793	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
5836 W Appleton Ave Milwaukee WI 53210		414-873-5437	6/14/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.04(6)(a)6. Child Record - Health History Description: There was no documentation of a health history form for Child 1.	Upon enrollment administrative staff will ensure all forms are completed + placed in files same day	6-14-24
2	251.05(2)(a)1. Staff Record - Personal Information Description: There was missing information on the staff record form for Staff C & D. Repeat violation: Previously cited on 10/6/2022	Upon hire administrative staff will ensure new hires paperwork is completed to its entirety.	6-14-24

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3	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: There was no documentation of a current Child Abuse & Neglect Training/Mandated Reporter Training for Staff C.	The Director was trained on this task Moving forward I Mrs. Jackson will oversee this duty.	6-25-24	
4	251.055(1)(f) Child Tracking Procedure Description: There were four children in the toddler room but only 3 were signed into the tracking form. Repeat violation: Previously cited on 10/6/2022	The Director failed to manage this task I have assigned 2 staff members to oversee daily & ensure	6-14-24	Kids are signed in
5	251.09(1)(b) Infant & Toddler - Location & Sharing Intake Information Description: The under two intake forms for two of the children in the toddler room were not in the room that the children were located.	Meeting was held! this matter was further discussed on what staff expectations are	6-17-24	
6	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: There was no documentation of changes in development on the under 2 intake forms.	Update dates are set on each staffs phone as a reminder	6-17-24	

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Noncompliance Statement			

NAME - Agency Worker
Rhonda Brueggemann, Colleen Hanser

Date Issued
6/17/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

LaQuisha Jackson

Date Signed
6/27/2024