Date Correction Plan Due 8/25/2025	**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**	
Momentum Early Learning		0000590740 / 002 - 2008174	
Address - Facility (Street, City, State, Zip Code) W238n1660 Busse Rd Waukesha WI 531881110		**Telephone Number** 262-523-6800	**Date - Regulation Visit** 7/31/2025

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.04(6)(a)1. **Child Record - Enrollment Information** Description: Documentation of emergency contact information was not observed for Child 4.	Once child paperwork is turned in, staff will ensure emergency contact information is completed.	8/1/2025	
2	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: Documentation of Infant and Child CPR with the use of AED training from a department approved trainer was not observed for Staff C.	All employees will use the department approved trainer list for CPR and AED.	8/1/2025	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.09(1)(am) **Infant & Toddler - Intake Information** Description: An intake form was not observed for Child 4. Incomplete intake information was observed for Child 3 and Child 5.	Original intake forms will Kept in the child's file and copies will be placed in rooms. Any updated intakes will be kept in the classroom.	8/1/25	

NAME - Agency Worker
Tiisha Harrell, Crescenta Sabree

Date Issued
8/11/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Jenna Gallo

Date Signed
8/13/2025