

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due
6/17/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL

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 Masi'on And Babies Tots Child Care		Provider Number / Facility ID Number 2000589902 / 001	
Address - Facility (Street, City, State, Zip Code) 4719 N 79Th St Milwaukee WI 532184650		Telephone Number 414-748-5311	Date - Regulation Visit 5/28/2024
		Correction Plan	Expected Completion Date
Rule/Statute Number Noncompliance Statement 1 202.08(1)(b)5. After Completion Of Preservice Training Under Subd 3., A Child Care Provider Shall Receive And Document Receiving At Least 5 Hours Of Qualifying Continuing Education Annually. Continuing Education Qualifies Under This Subdivision If It Covers Any Of The Topics Listed Under 202.08(1)(B)5. A. Through N. Description: Three hours of qualifying continuing education were verified during the visit. The operator was not able to provide other documentation of qualifying continuing education completed during the visit.		Renew my Registry and got everything submitted out.	6/15/2024

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2	<p>202.08(11)(b) Each Child Shall Have A Personal Clean Sheet Or Blanket Or Both And Pillowcase If A Pillow Is Used.</p> <p>Description: One child was sleeping on the floor during the visit.</p>	<p>Brought more sheet and blanket with new little pillows in pillows cases.</p>	6/15/2024	
3	<p>202.08(12)(c) The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Developing A Written Contract That Specifies The Charge For Child Care And The Expected Frequency Of Payment For The Service. The Contract Shall Be Signed By The Operator And A Parent Or Guardian.</p> <p>Description: Child #3, #4, #6, #7, #8, #9, #10, and #13 were missing the specified charges for child care services on the written contract signed by the parent and the operator.</p>	<p>I will communication with the parents more in make sure that all contract have been read in signed.</p>	6/15/2024	

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4	<p>202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following:</p> <ol style="list-style-type: none">1. The Parents' Home And Work Phone Numbers.2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan.3. The Parents' Signed Consent For Emergency Medical Care.4. A Name And Number To Call If The Child Requires Emergency Medical Care. <p>Description: The enrollment and health history information form was incomplete for child #3, #4, #6, #8,#9, #11, #12 and #13.</p>	<p>Talked to All the parents in gotta everything currented in fixed.</p>	<p>6/15/2024</p>	
5	<p>202.08(2)(ar) The Home Shall Have A Functional Smoke Detector On Each Floor Level In Accordance With The Requirements Of S. 101.645, Stats.</p> <p>Description: There was no functional smoke detector in the living room where care occurs.</p>	<p>going forward Smoke detector will be check 3 to 2 weeks. moving forward in have Been currented.</p>	<p>6/15/2024</p>	