

Date Correction Plan Due 11/29/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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.

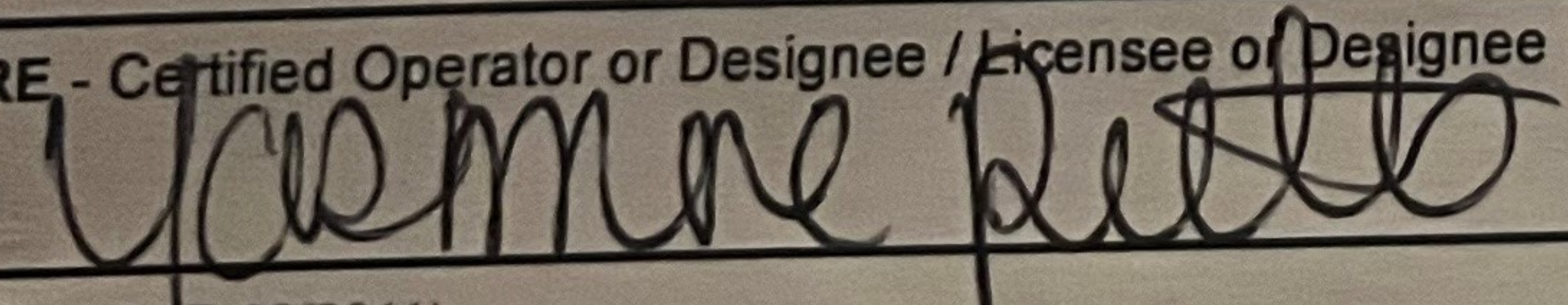
Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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 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 11/13/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>202.08(4m)(a)1. An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.</p> <p>Description: The operator did not have a written emergency plan for taking appropriate action in the event of emergencies.</p>	<p>I have made A new written Plan in got Everything Done. the current way.</p>	<p>11/16/2024</p>	

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2	202.08(4m)(a)1.a-c An Operator's Emergency Plan Shall Include Procedures For All Of The Following: A. Evacuation, Relocation, Shelter-In-Place, And Lock-Down. B. Communication And Reunification With Families. C. Ensuring That The Needs Of All Children Are Met, Including Children Under 2 Years Of Age, Children With Disabilities, And Children With Chronic Medical Conditions. Description: The operator did not have a written emergency plan that include procedures in the event of emergencies.	Knew emergency plan is up to date in current / Fixed	11/16/2024

NAME - Agency Worker
 Lou Thao

DATE ISSUED
 11/15/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee


DATE SIGNED
 11/16/2024