

TO FILE A COMPLAINT CALL

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
8/18/2025

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.

Provider Number / Facility ID Number

Name - Certified Operator / Licensed Center

5000590875 / 001

Moore House Toddler University

Telephone Number
262-617-1942

Date - Regulation Visit
7/29/2025

Address - Facility (Street, City, State, Zip Code)
3822 N 77Th St Milwaukee WI 53222

| # | 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 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>I will correct this by having the written plan up also sending in to get approved.</p> | <p>8-25-2025</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 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.

I will have this emergency plan that includes everything that needed in it.

8-26-2025

3 202.08(4m)(a)2.
The Emergency Plan Under Subd. 1. Shall Be Reviewed Periodically And Practiced As Specified In The Plan.

Description: The emergency plan was not reviewed periodically and practiced.

I will send it in by email also make copy for myself

4 202.08(4m)(b)
An Operator Shall Have A Written Plan To Prevent And Respond To Food And Other Allergy-Related Emergencies.

Description: The operator did not have a written plan to prevent and respond to food and other allergy-related emergencies.

I will have a plan written to prevent and respond to food

8-20-2025

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Moore House Toddler University

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Telephone Number
262-617-1942

Date - Regulation Visit
7/29/2025

Correction Plan

Expected Completion Date

Verification Date

Rule/Statute Number
Noncompliance Statement

NAME - Agency Worker
Lou Thao

Date Issued
8/4/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Carise Moore

Date Signed

8-24-25