Date Correction Plan Due 9/18/2026	**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	1000592181 / 001 - 2007377

Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
1281 Blue Ribbon Dr Ste 100 Oconomowoc WI 530668672	262-315-3200	9/1/2026

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.05(2)(a)6. **Staff Record - Days & Hours Worked** Description: The center failed to document days and hours worked and in which classroom, when the person was included in the staff-to-child ratio when 2 staff were present in the Mobile Tykes 2 classroom but 1 staff was signed in on Brightwheel and the other staff present was signed in on the center's paper tracking sheet. In addition, three staff were signed in in Mobile Tykes 1 but two staff were present. Repeat violation: Previously cited on 3/9/2026	Staff were retrained on sign in and out procedure. Will be discussed at next staff meeting.	9/4/26	
2	251.06(10)(f) **Bathroom Supplies** Description: There was no paper towel accessible to children in the bathroom of the Lively Learners 1 classroom.	Staff were spoken to about having supplies restocked each day. Bathroom restocked on day of visit.	9/4/26	

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3	251.06(11)(b)7. **Outdoor Play Space - Enclosure** Description: The was a gap of more than 4 inches at the bottom of the black fence in the outdoor play space.	Center looking into correction of 4 inch gap on playground.	10/31/26	
4	251.06(4)(d) **Exits & Passageways - Unobstructed, Minimum Width** Description: An exit in the Lively Learners 1 classroom was obstructed by a stacked cots and did not have a minimum clear width of three feet during the monitoring visit.	Staff were instructed not to move cots in front of door.	9/4/26	
5	251.07(6)(i)2. **Adult Handwashing** Description: Staff in the Lively Learners 1 classroom failed to wash their hands with soap and warm water after a diaper change.	Staff were retrained immediately on hand washing procedures.	9/4/26	
6	251.09(4)(a)5. **Infant & Toddler - Soiled Diapers Disposal** Description: Staff in the Lively Learners 1 classroom failed to utilize the hands-free mechanism to dispose of a soiled diaper after diapering a child.	Staff were retrained immediately on proper diaper changing procedures.	9/4/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Tiisha Harrell, Crescenta Sabree

Date Issued
9/3/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jenna Hale

Date Signed
9/14/26