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| <b>Date Correction Plan Due</b><br>10/27/2025 | <b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b> | <b>TO FILE A COMPLAINT CALL</b><br>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.

| <b>Name - Certified Operator / Licensed Center</b><br>Moctezumitas Child Care                      |  | <b>Provider Number / Facility ID Number</b><br>9000588389 / 001 - 2001909           |  |                              |                                     |                              |   |  |   |                               |  |  |  |  |
|--|--|---|--|------------------------------|-------------------------------------|------------------------------|---|--|---|-------------------------------|--|--|--|--|
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>2675 S 15Th St Milwaukee WI 532153311 |  | <b>Telephone Number</b><br>414-982-7764   | <b>Date - Regulation Visit</b><br>10/8/2025            |                              |                                     |                              |   |  |   |                               |  |  |  |  |
|  | <table border="1"> <thead> <tr> <th data-bbox="147 716 241 781"></th> <th data-bbox="241 716 987 781"> <b>Rule/Statute Number<br/>Noncompliance Statement</b> </th> <th data-bbox="987 716 1541 781"> <b>Correction Plan</b> </th> <th data-bbox="1541 716 1797 781"> <b>Expected<br/>Completion Date</b> </th> <th data-bbox="1797 716 2022 781"> <b>Verification<br/>Date</b> </th> </tr> </thead> <tbody> <tr> <td data-bbox="84 781 147 1016">1</td> <td data-bbox="147 781 987 1016">                     250.04(6)(a)4m.<br/> <b>Child Record - Immunization History Compliance</b><br/><br/>                     Description: Child #4 did not have immunization records on file.                 </td> <td data-bbox="987 781 1541 1016">                     Ya hable con la mamá del niño. Ella me indico que ya pidió las vacunas necesitadas.                 </td> <td data-bbox="1541 781 1797 1016">                     Lunes, 20 de octubre del 2025                 </td> <td data-bbox="1797 781 2022 1016"></td> </tr> </tbody> </table> |   | <b>Rule/Statute Number<br/>Noncompliance Statement</b> | <b>Correction Plan</b>       | <b>Expected<br/>Completion Date</b> | <b>Verification<br/>Date</b> | 1 | 250.04(6)(a)4m.<br><b>Child Record - Immunization History Compliance</b><br><br>Description: Child #4 did not have immunization records on file. | Ya hable con la mamá del niño. Ella me indico que ya pidió las vacunas necesitadas. | Lunes, 20 de octubre del 2025 |  |  |  |  |
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**NAME - Agency Worker**  
Joel Marquez

**Date Issued**  
10/13/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**



**Date Signed**

10/20/2025