

<b>Date Correction Plan Due</b> 4/3/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 262-446-7800
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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.

<b>Name - Certified Operator / Licensed Center</b> Manifesting A Legacy		<b>Provider Number / Facility ID Number</b> 0000590660 / 001 - 2005782	
<b>Address - Facility (Street, City, State, Zip Code)</b> 2127 N 24Th Pl Milwaukee WI 532051018		<b>Telephone Number</b> 414-899-1692	<b>Date - Regulation Visit</b> 3/19/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	250.04(6)(a)1.e. <b>Child Record - Enrollment Information - Other Emergency Contact</b>  Description: The name, address, telephone number, and relationship to the child of a person to be notified in an emergency when a parent cannot be reached immediately was not on file for Child #1.	Plan time with Parents after daycare to go over Paper work. this will help me pay closer attention to details and help parents get guidance	3/25/25
2	250.04(6)(a)1m. <b>Child Record - Health History</b>  Description: Health history was incomplete for Child #2 and Child #4.  Repeat violation: Previously cited on 9/27/2023	Help parents fill out Paper work so they know what each box mean and make an informed decision	3/25/25

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<b>Noncompliance Statement</b>			

**NAME - Agency Worker**  
Crescenta Sabree, Cindy Matuszak

**Date Issued**  
3/20/2025

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

**Date Signed**  
3/25/25