

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**Date Correction Plan Due**  
7/25/2024

**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**  
Humbled Hearts Child Dev Center 5000590725 / 001 - 2005869

**Address - Facility (Street, City, State, Zip Code)** **Telephone Number**  
6003A N Teutonia Ave Milwaukee WI 532093644 414-539-6513

**Date - Regulation Visit**  
7/9/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.06(2)(gm) <b>Premises - Well Drained, Clean, In Good Repair</b> Description: An air vent accessible in the infant room was visibly dusty.  This was corrected during the visit.</p>	<p><i>Night cleaner will dust air vent as part of cleaning plan</i></p>	<p><i>7-9-24</i></p>	
<p>2 251.07(5)(a)4. <b>Meals &amp; Snacks - Minimum Meal Requirements</b> Description: In a review of the weekly menu, two snacks were observed that did not meet CACFP minimum requirements that two different food groups were served.</p>	<p><i>Menus were updated and will be reflective of the CACFP meal requirements.</i></p>	<p><i>7-9-24</i></p>	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.08(8)(c) <b>Vehicle Safety Alarm - Working Order</b>  Description: The vehicle safety alarm was not in working order at the time of the visit. The light indicated that service was needed.	<i>Van service was scheduled Monday of license visit, van alarms are operable</i>	<i>7-9-24</i>	

NAME - Agency Worker  
Sarah Stormont

Date Issued  
7/11/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed