

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
2/20/2025

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.

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	Date - Regulation Visit
6003A N Teutonia Ave Milwaukee WI 532093644		414-539-6513	2/5/2025
	Rule/Statute Number	Correction Plan	Expected Completion Date
	Noncompliance Statement		Verification Date
1	251.04(6)(a)2. Child Record - Emergency Medical Consent Description: There was no emergency medical consent signed for child #2.	This information has been updated on the child enrollment form	2-6-25
2	251.04(6)(a)8.a. Child Record - Physical Exam - Under 2 Description: Child #2 did not have a current health report on file.	This child's child health report will be updated to reflect current physical	2-28-25

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3	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff D did not have documentation of a completed physical/TB on file.	Staff D physical / TB Test will be updated once the staff updates their physical	2-28-25	
4	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The medical log book in the toddler room was not updated every six months.	The medical log book has since been reviewed and updated	2-6-25	
5	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: Several intake under two forms in the infant and the toddler room were not updated every three months.	Intake forms have been updated for the children who were not done in the last 3 months	2-6-25	
6	251.09(3)(a)2. Infant & Toddler - Food & Formula Brought From Home Description: There was cereal that was brought from home that was not dated.	The cereal in the infant room was dated immediately	2-5-25	

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Noncompliance Statement			

NAME - Agency Worker
Joel Marquez

Date Issued
2/6/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

2-13-25