

Due Date for Correction Plan 0/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 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 Precious Moment Child Care	Provider Number / Facility ID Number 5000582205 / 002 - 1014231
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Address - Facility (Street, City, State, Zip Code) 14 S 29Th St Milwaukee WI 53215	Telephone Number 414-384-4770	Date - Regulation Visit 9/11/2024
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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Child #2 did not have immunizations records on file.	The relative sent me a copy of the vaccines by text, which will arrive on the day of his appointment to update the vaccines. I am adding to the record, until I have the original form from the clinic.	9/11/2024	9/16/2024
250.05(2)(a) Staff File - Staff Record Form Description: Staff B did not have a staff record form on file. Repeat violation: Previously cited on 9/12/2023	Form DCfF-0053a was completed with the missing page 2 from employee B's record.	9/11/2024	9/16/2024

ME - Certified Operator / Licensed Center

Provider Number / Facility ID Number

conscious Moment Child Care

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Date - Regulation Visit

9/11/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>250.06(2)(e) Potential Source Of Harm On Premises</p> <p>Description: There was part of the siding on the outdoor part of the house with a nail sticking out and accessible to children.</p>	"I did not notice this situation beforehand. However, I made sure to repair the defect on the same day it was reported."	9/11/2024	9/16/2024
<p>250.09(4)(b) Infant & Toddler - Diaper Changing Surface - Disinfection</p> <p>Description: The changing pad had rips/tears and was not an easily cleanable surface.</p>	The diaper changing surface has been replaced with a new one	9/11/2024	9/16/2024

ME - Agency Worker

Marquez

Date Issued

9/16/2024

NATURE - Certified Operator or Designee / Licensee or Designee

Carmen Hernandez

Date Signed

9/16/24