

Date Correction Plan Due
5/10/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL

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)(l) 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	
M And M Early Childhood Ed		6000589686 / 001	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
6561 N Landers St Milwaukee WI 532235768		414-699-9423	4/25/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	<p>202.08(12)(c) The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Developing A Written Contract That Specifies The Charge For Child Care And The Expected Frequency Of Payment For The Service. The Contract Shall Be Signed By The Operator And A Parent Or Guardian.</p> <p>Description: Child #1's written payment contract was missing the specified charge for childcare services on file.</p>	<p><i>Provider Fixed the issue while licensor was here. Provider had parent initial the correction and date of corrections.</i></p>	<p><i>4/30/2024</i></p>

Name - Certified Operator / Licensed Center M And M Early Childhood Ed		Provider Number / Facility ID Number 6000589686 / 001	
Address - Facility (Street, City, State, Zip Code) 6561 N Landers St Milwaukee WI 532235768		Telephone Number 414-699-9423	Date - Regulation Visit 4/25/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
2	<p>202.08(4)(e) The Certified Child Care Operator Shall Have On File For Each Child In Care A Record Of The Child's Immunization History To Document Compliance With S. 252.04, Stats., And Ch. Dhs 144.</p> <p>Description: Child #1 did not have an immunization history record on file.</p>	<p>Provider called parent and now has child immunization on file</p>	<p>4-30-2024</p>
3	<p>202.08(4m)(a)1. An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.</p> <p>Description: The operator only had a written emergency plan for a fire. She was missing the other events of an emergency in her plan, a tornado, a flood; extreme outdoor heat or cold; a loss of building service, including no heat, water, electricity or telephone; human-caused events, such as threats to the building or its occupants; allergic reactions; lost or missing children; vehicle accidents; a provider's family situation, such as medical emergency or illness; or other circumstances requiring immediate attention.</p>	<p>Provider went to DCF and found the correct fire safety and emergency plan. Provider filled out form and hung up on board.</p>	<p>4-30-2024</p>

NAME - Agency Worker
Lou Thao

Date Issued
4/26/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

4-30-2024