

Date Correction Plan Due 8/6/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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.

RECEIVED
STATE OF WISCONSIN
AUG 6 2024
SOUTHEASTERN REGIONAL OFFICE
DCF DECE BECR

Name - Certified Operator / Licensed Center Ivelisse Crespo Family Child Dc	Provider Number / Facility ID Number 4000568524 / 001 - 1003662
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Address - Facility (Street, City, State, Zip Code) 1820 S 6Th St Milwaukee WI 532043910	Telephone Number 414-467-3273	Date - Regulation Visit 7/19/2024
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m.f. Child Record - Health History - Medical Condition Symptoms Description: Child #2 has asthma but did not have the health history page completed.	completado ELMS NO PIP	7-19-24	
2	250.04(6)(a)5. Child Record - Consent For Emergency Medical Treatment Description: Child #2 did not have emergency medical care consent completed on enrollment form.	completado	7-19-24	

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3	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: The most current Child Abuse and Neglect training was expired.	In process	8-1-24	
4	250.06(2)(m) Premises - Condition & Repair Description: There was garbage cans outside with no lid and garbage.	Refirado	7-19-24	
5	250.06(2)(n)1.a. Radon - Testing Description: No current Radon Test.	In process	8-2-24	
6	250.09(3)(b) Infant & Toddler - Food & Formula Brought From Home Description: There was infant breast milk with no name and date.	Ready	7-19-24	

NAME - Agency Worker
Joel Marquez

Date Issued
7/23/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

8-2-24