Date Correction Plan Due 11/29/2022

## NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

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.

	ne - Certified Operator / Licensed Center  STATE OF WISCONSIN	Provid	ler Number / Facility ID Nu	ımber	
Mommy Dearest Children Center Llc		4000574474 / 001 - 1013402			
Address - Facility (Street, City, State, Zip Code) 4006 W Burleigh St Milwaukee WI 532101817  SOUTHEASTERN REGIONAL OFFICE DECE BECR		Telephone Number 414-539-3985	Date - Regulation Visit 11/11/2022		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1	251.04(6)(a)1. Child Record - Enrollment Information	Emergency (untact was		1.120/2	
	Description: No emergency contact in file	poes not have an email, closson istone for most reason. Employment isted put not employment if will but not employment of what	11/16/22	11/24/00	
	,	not employment it will ask			
2	251.04(8)(b) Biennial Training - Child Abuse & Neglect	All staff is certified in child abuse + negiect.	11/15/22	11/15/22	
	Description: No documentation for requested staff file CAN training	staff files were locked in	11/10/0	11/10/66	
<u> </u>		information secure			
3	251.05(2)(a) Staff Record - Maintenance & Availability	area in yeilow km. Will be available to Licensers)	1111110		
	Description: Staff files not accessible during visit	without compromising employees confidential	11/11/10/22	11/29/99	
	Repeat violation: Previously cited on 10/11/2022, 10/22/2021	information			

Nam	e - Certified Operator / Licensed Center	Provid	Provider Number / Facility ID Number		
Mor	mmy Dearest Children Center Llc	4000574474 / 001 - 1013402			
	ress - Facility (Street, City, State, Zip Code) 6 W Burleigh St Milwaukee WI 532101817	Telephone Number 414-539-3985	Date - Regulation Visit 11/11/2022		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
4	251.05(3)(b) Shaken Baby Syndrome Prevention Training  Description: No documentation of staff file shaken baby prevention or equivalent training	All staff is certified in sps training. Staff files were locked in office to keep confidential information secure.	11/15/22	11/15/22	
5	251.05(3)(c) Cardiopulmonary Resuscitation Training  Description: No documentation of staff CPR certification	secure.	11/15/22	(1/15/22	
6	251.07(6)(f)1.a.  Medication Administration - Parent Authorization  Description: Parent authorization for medication not complete with required interval dates	medicine is an inhaler for asthma. Diagnosedt provided inhaler 5/13/22 and will not end until duc says so medicine technially expires sil3/22	11/16/22	11/29/22	

will ask mother toupdate that on file

NAME - Agency Worker Paul Spink	•	Date Issued 11/14/2022
SIGNATURE - Agency Worker	1e Brown	Date Signed 11 2022
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