

Date Correction Plan Due 1/10/2025	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.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Na Na's Precious Moments Ccc		1000578851 / 001 - 1008325	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
10522 W Custer Ave Milwaukee WI 53225		414-464-6138	12/9/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.04(3)(a) Report - Incident Or Accident Description: The licensee failed to report to the department an incident that required a child to go the hospital.	<i>Report all and any incidents or accidents that require Hospital Visits</i>	<i>ASAP 01-1-25</i>
2	250.04(6)(a)1m. Child Record - Health History Description: The health history information was incomplete for Child #3.	<i>Mom HAS BEEN NOTIFIED AND WILL be BRINGING Current form</i>	<i>ASAP</i>

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Nia Na's Precious Moments Ccc		1000578851 / 001 - 1008325	
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10522 W Custer Ave Milwaukee WI 53225		414-464-6138	12/9/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: An initial health exam was not on file for Child #3.	Completed By parent 12/15/24	12/15/24	
4 250.05(2)(c) Staff File - Days, Hours Worked Description: Documentation of staff hours were not on file for Staff A on 12/9/2024.	ADD ALL HOURS Im the only STAFF	ASAP 12/10/24 currently	
5 250.05(4)(c)1. Continuing Education - Requirement & Training Topics Description: Staff A did not complete the required 15 hours of continuing education. There was documentation of 11 hours of continuing education.	WATCED EDUCATIONAL VIDEO/READING	December 2024	
6 250.06(3)(b) Emergency Plans - Practice Description: Documentation of the required monthly fire and tornado drill was not on file for October and November 2024.	DID SAFTY INSPECTION DEC	ASAP 3 EACH ADDITIONAL MONTH	

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7	250.06(4)(a)3. Smoke Detectors - Testing Description: Documentation of the required monthly smoke detector test was not on file for October and November 2024.	December 10th 2024	12/10/24
8	250.08(5)(b) Vehicle Inspection Form Description: A current vehicle inspection conducted at 12 month intervals was not on file. The last inspection was conducted 10/2023.	Appointment Set for 1/22/25	1/22/25

NAME - Agency Worker
Crescenta Sabree

Date Issued
12/26/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
1/10/25