

Date Correction Plan Due 5/3/2024	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.

Name - Certified Operator / Licensed Center Mommies Child Care		RECEIVED STATE OF WISCONSIN MAY 06 2024		Provider Number / Facility ID Number 8000583238 / 001 - 1013097	
Address - Facility (Street, City, State, Zip Code) 1300 S 35Th St Milwaukee WI 53215		Telephone Number 414-509-7565		Date - Regulation Visit 4/16/2024	
Rule/Statute Number Noncompliance Statement		Correction Plan		Expected Completion Date	Verification Date
1	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Child #3 did not have documentation of immunizations on file.	<i>Tratarse que los padres traigan las vacunas a tiempo. y les tire y les recordare a tiempo.</i>		4-18-24	
2	250.06(9)(c) Safe Food Description: The infant cereal and Puffs were not dated to ensure that it does not expire.	<i>cada vez que tenga, cereal inmediatamente le ponde la fecha al cereal o formula.</i>		4-16-24	

NAME - Agency Worker
Joel Marquez

Date Issued
4/19/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

<p>1. The first part of the report discusses the background of the project and the objectives of the study.</p>	<p>2. The second part of the report describes the methodology used in the study, including the data collection and analysis techniques.</p>	<p>3. The third part of the report presents the results of the study, including the findings and conclusions.</p>
<p>4. The fourth part of the report discusses the implications of the study and the limitations of the research.</p>	<p>5. The fifth part of the report provides a summary of the key findings and recommendations for future research.</p>	<p>6. The sixth part of the report contains the references and the appendix.</p>
<p>7. The seventh part of the report discusses the overall impact of the study and the contribution to the field.</p>	<p>8. The eighth part of the report provides a detailed description of the data used in the study.</p>	<p>9. The ninth part of the report contains the statistical analysis of the data.</p>
<p>10. The tenth part of the report discusses the future directions of the research and the potential for further studies.</p>	<p>11. The eleventh part of the report provides a final summary of the study and the key findings.</p>	<p>12. The twelfth part of the report contains the final conclusions and recommendations.</p>