

Date Correction Plan Due 7/24/2025	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 Manitas Creativas Family Childcare		Provider Number / Facility ID Number 6000586896 / 001 - 2000563		
Address - Facility (Street, City, State, Zip Code) 2042 S 7Th St Milwaukee WI 532043920		Telephone Number 414-204-6924	Date - Regulation Visit 7/3/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.f Child Record - Enrollment Information - Medical Contact Description: Child #4 did not have documentation of a of doctor information on enrollment form of health history.	Ya Fue llenado por la mama	7-7-2025	
2	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Children #3 and #4 did not have documentation of a of immunizations in staff file.	Ya fue proporcionado por la mama	7-11-2025	

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2042 S 7Th St Milwaukee WI 532043920		414-204-6924	7/3/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Staff A did not have documentation of current Child Abuse and Neglect training in staff file.	Ya Fue Puesto en mis Documentos	7-11-2025	
4	250.05(4)(c)1. Continuing Education - Requirement & Training Topics Description: Staff A did not have documentation of 15 hours of continuing education training in staff file.	estoy participando en clases para completar mis horas continuas	7-7-2025	
5	250.06(2)(m) Premises - Condition & Repair Description: There was dead mosquitos in the refrigerator.	Fue limpiado en el mismo momento	7-3-2025	
6	250.06(3)(b) Emergency Plans - Practice Description: Fire and tornado drills were not documented as from January through June 2025.	Ya Fue echo el dia 7-7-2025	7-7-2025	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
7	250.06(4)(a)3. Smoke Detectors - Testing Description: Smoke detectors were not documented as being tested since January of 2025.	Ya Fue echo el dia 7-7-2025	7-7-2025
8	250.09(1)(c)1. Infant & Toddler - Information For Providing Individualized Care Description: Child #1 did not have and intake under two form on file.	Ya Fue completado por la mama	7-7-2025

NAME - Agency Worker
Joel Marquez

Date Issued
7/10/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Marina Rojas

Date Signed

7-22-2025