

Date Correction Plan Due 6/3/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 282-448-7800
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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)(l) 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 Huellitas Celestiales	Provider Number / Facility ID Number 7000591637 / 001 - 2006835
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Address - Facility (Street, City, State, Zip Code) 1501 S 11Th St Milwaukee WI 532042861	Telephone Number 414-614-6481	Date - Regulation Visit 5/16/2024
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1. Child Record - Enrollment Information Description: Child #3 did not have an enrollment form on file.	ALWAYS VERIFY THAT ALL OF THE CHILD'S PAPERS ARE COMPLETE AND ASK PARENTS TO BE UP TO DATE WITH THE CORRECT INFORMATION ABOUT THEIR CHILD.	05-17-2024	
2	250.04(6)(a)1.f Child Record - Enrollment Information - Medical Contact Description: Child #1 did not have physician information on file.	ALWAYS ASK FOR ALL THE NECESSARY INFORMATION ABOUT THE CHILD ON TIME AND TALK TO THE PARENTS ABOUT HOW IMPORTANT IS TO HAVE ALL THEIR DOCUMENTATION.	05-17-2024	
3	250.05(4)(a) Staff Orientation - Documentation Description: Staff A did not have documentation of an orientation completed on file.	VERIFY THE CORRECT INFORMATION IN THE STAFF PORTFOLIO AND BE SURE THAT I HAVE ALL THE INFORMATION.	05-17-2024	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
4 250.06(2)(m) Premises - Condition & Repair Description: There was garbage in the outdoor play space.	MY PLAN IS TO CHECK EVERY DAY THAT THE YARD IS CLEAN SO THAT THE CHILDREN ARE SAFE AND WITHOUT ACCIDENTS.	05-17-2024	

NAME - Agency Worker
Joel Marquez

Date Issued
5/20/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

5/28/2024

IMEL LOPEZ ESQUIVEL