Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
4/15/2026		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.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Momentum Early Learning		5000593825 / 001 - 2008793	
Address - Facility (Street, City, State, Zip Code) 3011 Saylesville Rd Waukesha WI 531896628	**Telephone Number** 262-263-9899	**Date - Regulation Visit** 4/1/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Documentation of a signed and dated physical examination report was not observed for Staff C.	All Staff health reports will have the form dated along with signature.	4/3/26	
2	251.05(2)(a)6. **Staff Record - Days & Hours Worked** Description: The center failed to document days and hours worked, and in which classroom, when the person was included in the staff-to-child ration when two staff were signed into the Lively Learners 1 Classroom but one staff was present and working in ratio.	Staff was retrained on proper signing in and out for documentation.	4/3/26	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.09(1)(j) **Infant & Toddler - Crib Mattresses & Coverings** Description: Cribs in the Mobile Tykes 1 classroom and the Cuddly Cuties Classroom 2 did not contain tight-fitting mattresses when mattresses were covered with a fitted sheet.	New crib sheets for mattresses were purchased.	4/3/2026	

NAME - Agency Worker
Tiisha Harrell

Date Issued
4/1/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Jenna Gallo

Date Signed
4/3/26