

Date Correction Plan Due
5/16/2026

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
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

Baby Steps Day Care II Inc

9000580969 / 001 - 1009616

Address - Facility (Street, City, State, Zip Code)
7605 W Florist Ave Milwaukee WI 53218

Telephone Number
414-527-3346

Date - Regulation Visit
4/28/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>251.04(3)(a)6. Child Record - Health History</p> <p>Description: The health history form for 2 children was observed to be incomplete.</p>	<p><i>See Attached</i></p> <p><i>We will follow the rule as it is written</i></p>	<p><i>5/15/26</i></p> <p><i>updated</i></p> <p><i>6/16/26</i></p>	
<p>251.06(11)(b)n)4. Outdoor Play Equipment - Placement</p> <p>Description: The climber in the outdoor play space didn't have the required four feet fall zone. The climber was placed against the metal fence at the time of the visit.</p>	<p><i>See Attached</i></p> <p><i>We will follow the rule as it is written</i></p>	<p><i>5/15/26</i></p> <p><i>updated</i></p> <p><i>6/16/26</i></p>	

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3 251.06(4)(d) Exits & Passageways - Unobstructed, Minimum Width Description: The second exit in the upstairs classroom was obstructed by a child sleeping on a cot. There needs to be a 3 feet unobstructed clearance for any exit in the classroom.	See Attached We will follow the rule as it is written	4/28/26 updated 6/18/26	
4 251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Several medication authorization forms were missing the dates specifying how long the prescribed medication should be administered.	See Attached We will follow the rule as it is written	5/16/26 updated 6/18/26	
5 251.08(3)(a) Information In Vehicle - List Of Children Description: There was no documentation of a list of children that were being transported at the time of the visit.	See Attached We will follow the rule as it is written	5/16/26 updated 6/18/26	

NAME - Agency Worker
Rhonda Brueggemann, Mindi Sabjak

Date Issued
5/1/2026

SIGNATURE - Certified Operator or Designer / Licensee or Designee

Date Signed

Mandi Sabjak
UP dx 2/1

5/15/2026
6/18/26