

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 252-446-7900
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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)(f) 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		
Harris Strong Family Childcare		9000591519 / 001 - 2006717		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
2863 N 22Nd St Milwaukee WI 532061642		414-356-5410	6/26/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>250.05(2)(b) Staff File - Background Check Results</p> <p>Description: Staff B, who has been employed as a caregiver since 7/15/24, does not have documentation from the department, either paper or electronic, that indicates that a child care background check was completed in compliance with the timelines and requirements specified in s. 48.686, Stats., and ch. DCF 13, and the person is eligible to work in a child care program.</p>	<p>Schedule an appointment for Staff B to complete a finger print / Background Check</p>	07/14/25	
2	<p>250.05(2)(d)1.b. Staff File - Physical Examination - Physical Ability</p> <p>Description: Staff B, who has been employed as a caregiver since 7/15/24 does not have a physical examination report on file indicating Staff B is physically able to work with young children.</p>	<p>Have Staff B reach out to her doctor so that they can specify her being able to work with children</p>	07/14/25	

Name - Certified Operator / Licensed Center Harris Strong Family Childcare		Provider Number / Facility ID Number 9000591519 / 001 - 2006717	
Address - Facility (Street, City, State, Zip Code) 2863 N 22Nd St Milwaukee WI 532081642		Telephone Number 414-358-5410	Date - Regulation Visit 6/26/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	250.05(4)(a) Staff Orientation - Documentation Description: Staff B, who has been employed as a caregiver since 7/15/24 does not have documentation of an orientation on file prior to beginning to work with children in care.	Complete a orientation checklist for Staff B.	07/14/25

NAME - Agency Worker
Maureen Slatten, Sara Cooney

Date Issued

SIGNATURE - Certified Operator or Designee / licensee or Designee

Date Signed

07/10/25