STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due 5/22/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL

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	
Curetia L Washington		8000581128 / 001	
Address - Facility (Street, City, State, Zip Code) 4519 N 57Th St Milwaukee WI 532185604	**Telephone Number** 414-807-3647	**Date - Regulation Visit** 5/6/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(12)(c) **The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Developing A Written Contract That Specifies The Charge For Child Care And The Expected Frequency Of Payment For The Service. The Contract Shall Be Signed By The Operator And A Parent Or Guardian.** Description: There was no contract on file for child #8.	Parent forgot to return Contract. Did go over a new Contract on 5-7-2026 and Parent Did sign and placed in file.	5-7-2026	5-7-2026

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
2 202.08(12)(d) **The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Making A Copy Of The Applicable Certification Standards Available To Each Parent** Description: There was no documentation on failure that the family of children #8 had been notified regarding certification standards.	Parent Had Document Never Returned. Did give Another Certification form and had parent sign Another ON 5-7-26	5-7-2026	5-7-2026
3 202.08(12)(f)1-4 **Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following:** **1. The Parents' Home And Work Phone Numbers.** **2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan.** **3. The Parents' Signed Consent For Emergency Medical Care.** **4. A Name And Number To Call If The Child Requires Emergency Medical Care.** Description: The Enrollment/Health History forms for children #1-#3 and #6-#8 were incomplete.	Parent had, INcorrect Form for a License Family Care. Did update With Correct Certified Enrollment/ Health History forms for 1, 3, 6, and 8 ON. 5-7-26	5-7-2026	5-7-2026

NAME - Agency Worker
Jean Houston

Date Issued
5/8/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
5-11-2026