

Date Correction Plan Due 12/29/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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)(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
Deborah T Washington Lrng Ctr Llc
Provider Number / Facility ID Number
6000587126 / 001 - 2000023

Address - Facility (Street, City, State, Zip Code)
3002 W Silver Spring Dr Milwaukee WI 532094109
Telephone Number
414-461-1700
Date - Regulation Visit
12/11/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.05(2)(a)6. Staff Record - Days & Hours Worked</p> <p>Description: Documentation of the days and hours worked when the person was included in the staff-to-child ratio does not identify the classroom the staff member worked in.</p>	<p>STAFF WILL DOCUMENT TIMES WORKED IN EACH CLASSROOM.</p>	12/19/2025	
<p>2 251.08(4)(c)1. Driver Record - Obtain & Review</p> <p>Description: The licensee failed to obtain her driving record annually. The most recent driving record on file for the licensee expired on 9/25/25.</p>	<p>LICENSEE WILL OBTAIN RN/ UPDATED DRIVER RECORD</p>	12/19/2025	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Maureen Statten

Date Issued
12/15/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Maureen Statten

12/17/2025