

Date Correction Plan Due
5/19/2026

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

Sweet Home Family Day Care

Provider Number / Facility ID Number

7000589167 / 001 - 2004394

Address - Facility (Street, City, State, Zip Code)

2515 S Austin St Milwaukee WI 532071517

Telephone Number
414-324-7968

Date - Regulation Visit
4/30/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: The most current mandated reporter has expired in March of 2026.	I had Certificates but misplaced them after printing. Mandated reporter online training was done again to obtain new certificates. Completed 5/05/26.	05/05/2026	
2	250.06(2)(c) Access To Materials Potentially Harmful To Children Description: There was a a bottle of hand sanitizer accessible to children in the living room.	Hand Sanitizer was removed from that area, same day of the visit.	04/30/2026	

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Date

3 250.07(6)(b)2.
Medical Log Book - Pages And Entries

Description: There was lines that were skipped in the medical log book.

Repeat violation: Previously cited on 5/6/2025

I added lines on blank spots to prevent having spaces. Medical log was corrected and I talk to staffs about the importance of adding notes in case of any accidents the correct way.

Done
04/30/26

4 250.07(6)(b)3.c.
Medical Log Book - Medication Dispensed

Description: There was medication dispensed and not entered in the medical log book.

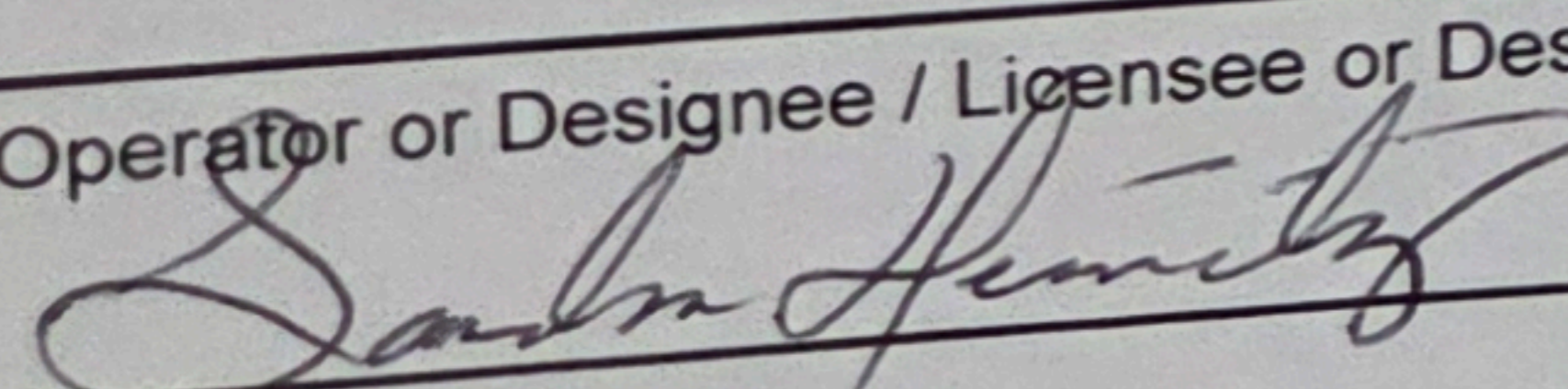
I talk to staff and I will make sure all medication given to children will be added to medical log book.

Done
04/30/26

NAME - Agency Worker
Joel Marquez

Date Issued
5/5/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

05/05/26