Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/6/2026		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
Happy Dreamers Fam Childcare	5000590695 / 001 - 2005829

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
8710 N 76Th Pl Milwaukee WI 532232630	414-581-2403	7/20/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1. **Child Record - Enrollment Information** Description: Child 1 had incomplete parent information, authorized persons information and emergency contact information at the time of the monitoring visit. Child 3 had incomplete parent information and was missing child□s home address, authorized persons and emergency contact information at the time of the monitoring visit.	Parent Filled In	7/21/26	
2	250.04(6)(a)2. **Child Record - Field Trip Permission** Description: Child 3 was missing field trips permission.	Parent Filled In	7/21/26	

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3	250.04(6)(a)4.a. **Child Record - Physical Exam - Under 2** Description: Child 2 did not have a physical exam available for review at the time of the monitoring visit, as required	added to file	8/20/26	
4	250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: Child 2 did not have immunization history available for review at the time of the monitoring visit.	added to file	8/20/26	
5	250.04(6)(a)5. **Child Record - Consent For Emergency Medical Treatment** Description: Child 3 was missing consent for emergency medical treatment.	Parent Fill out	7/21/26	
6	250.05(2)(d)1. **Staff File - Physical Examination - Form** Description: Staff B did not have a health report available for review at the time of the monitoring visit.	Staff B will get done	9/1/26	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
7	250.05(2)(e)1. **Staff File - Registry Certificate** Description: Staff B did not have a Registry Certificate available for review at the time of the monitoring visit.	Added to file	7/21/26	
8	250.05(3)(e)2. **Provider Training - Current Cpr Certificate** Description: Staff A and Staff B had expired CPR training available for review at the time of the monitoring visit.	Added to file	7/21/26	
9	250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: Staff A and Staff B did not have Child Abuse Neglect/Mandated Reporter training available for review at the time of the monitoring visit.	Added to file	7/21/26	
10	250.05(4)(a) **Staff Orientation - Documentation** Description: Staff B did not have an orientation available for review at the time of the monitoring visit.	will do Orientation sign off	9/7/26	

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11	250.05(4)(c)4. **Continuing Education - Documentation Of 12 Month Period** Description: Staff A did not have documentation of the required 15 hours of continuing education from the previous 12 months.	How to sign up for more trainings	[redacted] TBD Emailed Licensor	
12	250.06(2)(e) **Potential Source Of Harm On Premises** Description: There were disposable gloves located under the changing table, accessible to children in care, a potential source of harm.	Fixed day of visit	7/21/26	
13	250.06(2)(g) **Differences Of Elevation - Protective Railings** Description: There was no protective railing during the monitoring visit from the front door entrance to the basement.	Fixed	7/21/26	
14	250.06(9)(j) **Meals & Snacks - Records** Description: Meal and snack records/menus were not available for review at the time of the monitoring visit.	Will document all meals served	7/21/26	

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NAME - Agency Worker
Mindi Sabljak, Rhonda Brueggemann

Date Issued
7/21/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7/21/26