

Date Correction Plan Due
5/23/2025

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
Dream Believers Child Care

Provider Number / Facility ID Number
1000591331 / 001

Address - Facility (Street, City, State, Zip Code)
4732 N 40Th St Milwaukee WI 532095812

Telephone Number
414-551-1660

Date - Regulation Visit
5/8/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>202.08(1)(b)3.d. Each Certified Operator And Each Provider Shall Comply With S. 48.651 And Obtain And Recertify As Necessary To Maintain Current Certification In Infant And Child Cardiopulmonary Resuscitation (Cpr). The Cpr Training Must Result In A Certificate Of Completion. If The Certificate Of Completion Does Not Have A Date Specifying The Length Of Time For Which It Is Valid, The Cpr Training Must Be Renewed Every Year.</p> <p>Description: Provider's CPR certificate expired in November 2024.</p>	<p>Sign up for class</p>	<p>5-31-2025</p>	

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2

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: Children missing signed contracts.

Had Parnet come in to sign paperwork

5-14-2025

3

202.08(12)(g)
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 Using Information Obtained On The Department-Provided Child Care Intake For Child Under 2 Years Form, Which Collects Essential Information For Infants And Toddlers, To Individualize The Program Of Care For Each Child Under 2 Years Of Age.

Description: Unsigned intake

Had Parnet come in to sign paperwork

5-14-25

202.08(4)(a)
Health Form: A Certified Child Care Operator Shall Have A Current Report Of A Physical Examination On File For Each Child, Including The Operator's Own Children, Who Are Not Enrolled In A Public Or Private School.

Description: Children 1 & 2 need health reports.

Had Parnet come in to sign paperwork

5-14-25

Name - Certified Operator / Licensed Center Dream Believers Child Care		Provider Number / Facility ID Number 1000881331 / 001	
Address - Facility (Street, City, State, Zip Code) 4732 N 40th St Milwaukee WI 532095812		Telephone Number 414.851.1883	Date - Regulation Viol 5/9/2025
Rule/Statute Number Noncompliance Statement		Correction Plan	Expected Completion Date
5	202.08(4)(T)1. Medications Shall Be Stored So They Are Not Accessible To Children. Description: Medication bottle out in bathroom hallway.	Stored away	5-9-2025
		Verification Date	

NAME - Agency Worker
Magregor Saylor

Date Issued
5/9/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Shantel Heall

Date Signed

6-9-2025