DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

| Date Correction Plan Due<br>8/25/2026 | **NONCOMPLIANCE STATEMENT AND CORRECTION PLAN** | TO FILE A COMPLAINT CALL<br>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 |
|---|---|
| Early Care Knowledge | 8000593068 / 001 - 2008136 |

| Address - Facility (Street, City, State, Zip Code) | Telephone Number | Date - Regulation Visit |
|---|---|---|
| 9 N Holton St Milwaukee WI 532123355 | 414-617-4964 | 8/4/2026 |

| Rule/Statute Number<br>Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
|---|---|---|---|
| 250.04(6)(a)1m.f.<br>**Child Record - Health History - Medical Condition Symptoms**<br><br>Description: Health history information on file for Child 1 and Child 2, who has identified as having food allergies, is incomplete. The emergency care plan regarding the allergies lacked complete information. | Heath history for child 1 and child 2 has been updated and completed by parents. Completed form located in child 1 and child 2 file | 8/14/2026 | |
| 250.04(6)(a)4m.<br>**Child Record - Immunization History Compliance**<br><br>Description: Child 2 does not have immunization history on file and has been attending the center for more than 30 days. | Child 2 immunization history is updated and on file. | 8/21/2026 | |

| itute Number<br>ance Statement | Correction Plan | Expected Completion Date | Verification Date |
|---|---|---|---|
| **Potentially Harmful To Children**<br><br>cleaning products and personal care items were oom and napping room/office, accessible to | All cleaning products and personal care items were removed and made sure not to be accessible to children. | 8/4/2026 | |
| **rm On Premises**<br><br>ing room/office, lose cords were observed ssible to children. | loose cords are firmly attached to wall. | 8/5/2026 | |
| etector in the napping room/office was not as observed sitting on a table. | Smoke detector was remounted to ceiling and checked to ensure working properly. | 8/5/2026 | |
| **turdy**<br><br>arrival, a child was observed napping in a perly assembled, as one of the top rails | Pack-n-play rails were reassembled, relatched, and reconnected to ensure the equipment is safe for use. | 8/5/2026 | |

Name - Certified Operator / Licensed Center

Early Care Knowledge

Provider Number / Facility ID Number

Address - Facility (Street, City, State, Zip Code)
339 N Holton St Milwaukee WI 532123355

Telephone Number
414-617-4964

Date Regulation Visit
8/4/2026

| Rule/Statute Number<br>Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
|---|---|---|---|
| 250.05(2)<br>**Staff File - Maintenance & Availability**<br><br>Description: There were no staff files available for review at the time of the licensing visit. | All staff files will be available for review throughout each day at all times. | 8/4/2026 | |
| 250.05(2)(c)<br>**Staff File - Days, Hours Worked**<br><br>Description: Staff are not consistently documenting hours worked when used to meet staff-to-child ratio. Based on a review of attendance records and staff hours, staff signed in on 7/24/26 and 30/26 but did not sign out. And staff hours are not documented on 30/26 when children were in care. | All staff will use best Practices for signing in and out using the Daily Attendance record form for accrate documentation. | 8/4/2026 | |
| .05(3)(fm)<br>**nial Training - Child Abuse & Neglect**<br><br>cription: Staff A, present and working with children at the time of censing visit, lacked documentation of a current child abuse and ct training. | Staff A child abuse and neglect training is updated and located in staff A. file. | 8/10/2026 | |
| (2)(a)<br>**al Or Hot Surface Protection**<br><br>ion: An electrical plug outlet on the wall in the classroom was a child safety guard cover. | Electrical plug outlet was immediately covered upon visit completion. | 8/4/2026 | |

| ed/Operator / Licensed Center<br>owledge | | Provider Number / Facility ID Number<br>8000593088 / 001 - 2808138 |
|---|---|---|
| y (Street, City, State, Zip Code)<br>St Milwaukee WI 532123355 | Telephone Number<br>414-617-4964 | Date - Regulation Visit<br>8/4/2025 |
| Rule/Statute Number<br>ncompliance Statement | Correction Plan | Expected Completion Date / Verification Da |
| dler - Care During Feeding<br><br>n the day of the licensing visit, a child was observed ster seat not strapped in. | Staff will use best Practices while using booster seat, to always strap in child. | 8/4/2026 |

Early Care Knowledge

| Address - Facility (Street, City, State, Zip Code) | Telephone Number | Date Regulation Last Evaluated |
|---|---|---|
| 2339 N Holton St Milwaukee WI 532123358 | 414-617-4984 | |

| | Rule/Statute Number<br>Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
|---|---|---|---|---|
| 11 | 250.09(3)(j)<br>**Infant & Toddler - Care During Feeding**<br><br>Description: On the day of the licensing visit, a child was observed sitting in a booster seat not strapped in. | Staff will use best Practices while using booster seat, to always strap in child. | 8/4/2026 | |

- Agency Worker
ange, Sara Cooney

Date Issued
8/11/2026

URE - Certified Operator or Designee / Licensee or Designee

Date Signed
8/22/2026

(R 06/2011)