DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 7/8/2026	**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 We R Us Family Childcare		**Provider Number / Facility ID Number** 5000591125 / 001 - 2006286	
Address - Facility (Street, City, State, Zip Code) 4710 N 22Nd St Milwaukee WI 532096335	**Telephone Number** 414-509-9056	**Date - Regulation Visit** 6/15/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m. **Child Record - Health History** Description: The health history on file for Child #1 was incomplete; the child was identified as having feeding issues but the second page of the form lacked detail as to steps the child care provider should follow, child care staff whom have been trained/given instructions, when to call parents regarding symptoms, and when to consider the condition requires emergency care.	Parent were notified to correct missing information	7/8/26	
2	250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: Child #1 did not have an immunization record on file.	Parent were notified to submit required document.	8/1/26	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date** / **Verification Date**
3	250.05(2)(a) **Staff File - Staff Record Form** Description: There was no staff record form on file for Staff C.	Staff C file is now on record.	7/8/26
4	250.05(2)(d)1. **Staff File - Physical Examination - Form** Description: There was no staff physical form on file for Staff C.	Staff C file is expected to be completed by 8/1/26	8/1/26
5	250.05(2)(g) **Staff File - Orientation** Description: There was no documentation of an orientation for Staff C.	Staff C orientation file is now on record.	7/8/26
6	250.05(3)(b) **Provider - Entry-Level Training** Description: Staff B and Staff C have not completed the entry level training to be considered a family child care provider.	Staff B is currently completing - foundamentals of Family Childcare.	8/1/26

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7 250.05(3)(e)1. **Provider Training - Obtain Cpr Certificate** Description: Staff C did not have a CPR certificate on file from a department approved trainer.	Staff C is completing the approved CPR certificate.	8/1/26	
8 250.05(3)(g) **Provider Training - Abusive Head Trauma** Description: Staff C did not have a training completed in Abusive Head Trauma.	Staff C is completing Abusive Head Trauma.	8/1/26	
9 250.055(1)(e) **Supervision Provided By Trained Individuals** Description: LS reviewed previous attendance records that indicated Staff B was working alone with children. Staff B is not qualified to do so. Staff B was also working alone with children when LS arrived for the visit. Licensee also indicated that Staff C is left alone with children for breaks, etc., however that individual is not qualified either.	Staff B and Staff C will complete required classes/certifications before they are left alone with children. Staff A will cover shift for children.	8/1/26	

4-2-2026

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Date - Regulation Visit
6/15/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
10	250.06(11)(b)4. **Outdoor Play Space - Enclosure** Description: The back gate/fence in the outdoor play space had a gap that was greater than 4 inches. Repeat violation: Previously cited on 11/11/2024	There is now a pool noodle filling the gap below the back gate.	7/8/26	
11	250.06(2)(e) **Potential Source Of Harm On Premises** Description: The siding of the house in the back of the house, in the outdoor play space, had jagged edges which were sharp and accessible to children in care. Repeat violation: Previously cited on 7/30/2025, 11/11/2024	The "jagged edge" siding on the home is now secured down with duck-tape until it can be fully repaired	7/8/26	
12	250.06(9)(d) **Food Storage, Temperatures** Description: At the time of the licensing visit the freezer read at 6 degrees Fahrenheit.	The frezzer theromeler has been replaced. Reading was in error. Now reading at. 0°F	7/8/26	

NAME - Agency Worker
Katrina Tarantino

Date Issued
6/24/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7/22/2026