

Date Correction Plan Due  
5/26/2025

### NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL  
262-448-7800

Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline proposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 202.04(2)(c) and (3)(b), DCF 201.04(2)(c) and (3)(b), DCF 202.41(1)(c) and (2)(c). 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. 48.807. 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

Toddles Clubhouse Childcare

0000591300 / 001 - 2025568

Address - Facility (Street, City, State, Zip Code)  
2626 N 54TH ST Milwaukee WI 532102327

Telephone Number  
414-514-7161

Date - Regulation Visit  
4/30/2025

Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected  
Completion Date

Verification  
Date

1 250.04(2)(i)1.a.  
Monitoring Results Posted  
Description: The correction plan from the previous visit was not posted by the license.

hang new plan by  
next visit

5/24

2 250.04(5)(a)1.  
Child Record - Enrollment Information

Description: The parent/guardian did not fully complete the authorization section on the enrollment form for Child #1 including:  
-field trip/other off-site activity participation/transportation  
-acknowledgment of the presence of pets or animals

Have parent complete  
correct forms

5/21

The parent/guardian did not complete information on the enrollment form for Child #2 that includes physician/medical facility.

Sisters Childhouse Childcare

000001200 / 001 - 200000

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

2626 N 54TH St Milwaukee WI 532102327

Telephone Number

414-514-7161

Date - Regulation Viol

4/30/2015

Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected  
Completion DateVerification  
Date

3 250.04(8)(a)ii  
Child Record - Consent For Emergency Medical Treatment

Description: The parent/guardian for Child #1 did not give authorization for emergency medical care on the enrollment form.

Have Parent Complete  
Form

4/21

4 250.04(8)(b)  
Current, Accurate Daily Attendance Record

Description: Three children were in attendance during licensing visit but only two were signed in when licensors arrived.

\*\*corrected during licensing visit.\*\*

Make sure parents  
sign in

5/21

5 250.06(9)(e)  
Leftover Food

Description: Leftover food was in the refrigerator but was not labeled or dated.

make sure i label and  
date leftovers

5/21

250.09(4)(b)  
Infant & Toddler - Diaper Changing Surface - Disinfection

Description: The diaper changing pad is not easily cleanable/disinfected as there was a rip in the surface.

Replaced with new  
changing pad

5/21

Name: Certified Operator / Licensed Nurse  
Nurses Challenge Tribunal  
Address: Faculty House 7th Floor 100 Center  
JACKSONVILLE, FL 32216-1000

Florida Board of Nursing  
1900 North 1st Street  
Tallahassee, FL 32304

Signature Number  
810 5 87 91

App. Registration Fee  
\$100.00

Expiration Date

Expiration Date  
05/21/35

Subsequent Renewal  
Administrative Statement

NAME - Agency Worker  
Lauri Taylor

Date Issued  
01/20/25

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Lauri Taylor*

05/21/35