

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
3/6/2026

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

Quad Care - Sussex

2000558502 / 003 - 225179

Address - Facility (Street, City, State, Zip Code)
N61w23044 Haryays Way Sussex WI 530893995

Telephone Number
414-566-2170

Date - Regulation Visit
2/17/2026

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected Completion Date

Verification Date

1

251.04(6)(a)6.
Child Record - Health History

Description: There was no documentation of a health history report for Child 3.

Ensure documents get scanned in faster

3/3/26

2

251.04(6)(a)6m.
Child Record - Immunization History

Description: There was no documentation of an immunization history for Child 1.

Ensure documents get scanned in faster

3/3/26

Name - Certified Operator / Licensed Center Quad Care - Sussex		Provider Number / Facility ID Number 2000558502 / 003 - 225179	
Address - Facility (Street, City, State, Zip Code) N61w23044 Harrys Way Sussex WI 530893995		Telephone Number 414-566-2170	Date - Regulation Visit 2/17/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.05(2)(a)3.a. Staff Record - Physical Examination Description: There was no documentation of a staff health report for Staff C.	Get Health Reports from HR	3/3/26	
4 251.055(1)(f) Child Tracking Procedure Description: There were several children that were not being properly tracked when they were taken out of the space that contained the appropriate tracking documentation. Repeat violation: Previously cited on 9/4/2025	Create & implement new card system	4/6/26	
5 251.07(6)(dm)2. Medical Log - Pages & Entries Description: The medical log book in the Elephant room had an entry that didn't contain the teacher's signature.	Send out email reminder of log book requirements	3/4/26	

NAME - Agency Worker
Rhonda Brueggemann, Katrina Tarantino

Date Issued
2/19/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee


Date Signed
3/3/26