

Date Correction Plan Due  
1/29/2025

**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		Provider Number / Facility ID Number		
Wee Care Family Childcare Center		4000574214 / 001 - 1005555		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
3124 N Richards St Milwaukee WI 532122158		414-218-7953	1/9/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.04(6)(a)1m. <b>Child Record - Health History</b>  Description: The health history for Child 3 was incomplete. It is required to fill the form out completely when there is a medical condition indicated.	Complete Health History Report	1/13/2025 completed	
2	250.05(2)(a) <b>Staff File - Staff Record Form</b>  Description: There was no documentation of a page 2 of the staff record form for Staff A.	provide page 2 of Staff Record form	1/13/2025 completed	

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3	<p>250.05(2)(d)1. <b>Staff File - Physical Examination - Form</b></p> <p>Description: There was no documentation of a staff health report for staff A.</p>	<p>Get updated physical exam for staff health report form</p>	2/11	
4	<p>250.05(2)(e)1. <b>Staff File - Registry Certificate</b></p> <p>Description: There was no documentation of a Registry certificate for Staff A.</p>	<p>Place Registry Certificate in Manager file / Renew Registry</p>	2/11	
5	<p>250.05(3)(e)1. <b>Provider Training - Obtain Cpr Certificate</b></p> <p>Description: There was no documentation of a current CPR/First Aid Training for Staff A. The training for Staff B was expired.</p>	<p>Provided documentation to licensure and met on the parent board complete CPR for staff B will be complete</p>	2/11	
6	<p>250.06(2)(c) <b>Access To Materials Potentially Harmful To Children</b></p> <p>Description: There was an air freshener spray in the bathroom accessible to children.</p>	<p>Remove item (spray) that is accessible to children</p>	1/12/2025 completed	

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7	250.06(2)(k) <b>Deteriorating Or Toxic Paint</b>  Description: There was peeling paint under the front door of the center.	peeling scraped paint off near front door entrance completed	1/24/2025	
8	250.07(6)(b)2. <b>Medical Log Book - Pages And Entries</b>  Description: There was a date written on the medical log book with no entry.	cross out date due to error completed	1/9/2025	

NAME - Agency Worker  
Rhonda Brueggemann, Colleen Hanser

Date Issued  
1/14/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Michael Allen*

Date Signed

1/24/2025