Date Correction Plan Due 10/2/2026	**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		**Provider Number / Facility ID Number**	
Atonement Early Childhood Center 2		1000580931 / 003 - 2002840	
Address - Facility (Street, City, State, Zip Code) 4224 W Ruby Ave Milwaukee WI 532095850	**Telephone Number** 414-445-1011	**Date - Regulation Visit** 9/15/2026	

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.05(2)(a) **Staff Record - Maintenance & Availability** Description: Staff A's file was not available during the visit.	Staff will make file available	10-24	
2	251.055(1)(f) **Child Tracking Procedure** Description: Tracking was not implemented in the gym when staff with a 4K program did not have tracking documented while in the gym. The staff person stated the tracking document was left in the classroom.	4k will remember to bring the tracking clipboard to each location	9-24	

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3	251.06(2)(d) **Access To Materials Potentially Harmful To Children** Description: Hand sanitizer was accessible to children in an unlatched drawer in room 130.	Store hand sanitizer in upper cabinet + lock cabinet	9-26	
4	251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: The medical log book in room 128 did not have documentation of having been reviewed in the previous year.	Staff will read, review + sign the medical log book.	9-26	
5	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: An authorization for a medication for an enrolled child did not include the timeframe for the authorization.	document the timeframe for the medication	9-26	
6	251.07(6)(f)3. **Medication - Storage** Description: A medication intended for an enrolled child was not stored inaccessible to children when it was stored in an unlocked cupboard.	medicine will be in a dry storage container + in a locked cabinet	9-26	

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NAME - Agency Worker
Cindy Matuszak

Date Issued
9/17/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Jennie Schleder

Date Signed
9-21-26