

Date Correction Plan Due 4/16/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 Cradled Ingenious Arcadia		Provider Number / Facility ID Number 3000589733 / 001 - 2004297		
Address - Facility (Street, City, State, Zip Code) 4216 W Thurston Ave Milwaukee WI 532093957		Telephone Number 414-236-1215	Date - Regulation Visit 4/2/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.b. Child Record - Enrollment Information - Parent's Names Description: Documentation of the full names of the child's parents was not observed for child 2.	child 2 parents full name will be listed on file documentation.	4-8-26	
2	250.04(6)(a)1.e. Child Record - Enrollment Information - Other Emergency Contact Description: Documentation of a person to be notified in an emergency when the parent cannot be reached immediately was not observed for Child 3.	child 3 emergency contact will be listed on file documentation	4-8-26	

Cradled Ingenious Arcadia

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3	250.04(6)(a)1m.e. Child Record - Health History - Medical Conditions Description: Documentation of if the child has or does not have medical conditions was not observed for Child 2.	Child 2 will have box checked for medical conditions updated.	4-8-26	
4	250.04(6)(a)2. Child Record - Field Trip Permission Description: Documentation of written authorization from the parent indicating that the child has permission to participate in transported and walking field trips was not observed for Child 2 and Child 3.	Child 2 and Child 3 will have transport permissions listed.	4-10-26	
5	250.05(3)(d) Provider Training - Additional Required Provider Description: Documentation of the second provider has met all of the training requirements within 6 months of beginning to work with children in care. Staff A had documentation of completed Fundamentals of Family Childcare training during the monitoring visit.	Staff B will take courses to meet training requirements.	6-30-26	
6	250.05(3)(e)1. Provider Training - Obtain Cpr Certificate Description: Documentation of current Infant and child CPR with the use of AED training from a department-approved course was not observed for Staff B.	Staff B will obtain proper CPR with AED training.	5-31-26	

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7	250.05(3)(g) Provider Training - Abusive Head Trauma Description: Documentation of training in shaken baby syndrome and abusive head trauma was not observed for Staff A, who has been working with children under the age of 5 years old, was not observed.	Staff A will take Abusive Head Trauma training.	5-31-26	

NAME - Agency Worker
Tiisha Harrell

Date Issued
4/2/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Smek

Date Signed
4-12-26