DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
3/22/2024		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	
Wonderful Children Learning Center		2000589952 / 001 - 2004802	
Address - Facility (Street, City, State, Zip Code) 4360 N 50Th St Milwaukee WI 532161315	**Telephone Number** 414-226-6713	**Date - Regulation Visit** 3/5/2024	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.a. **Child Record - Physical Exam - Under 2** Description: Child 4 does not have documentation of a follow-up examination at least once every 6 months as required. The most recent health examination on file for Child 4 is from 08/22/22.	I Sent form home to get updated	04-05-2024	
2	250.04(6)(a)4.b. **Child Record - Physical Exam - Over 2, Under 5** Description: Child 2 and Child 3 do not have documentation of a follow-up examination at least once every 2 years as required. The most recent health examination on file for Child 2 is from 02/24/22. The most recent health examination on file for Child 3 is from 01/29/21.	I Sent form home to get updated	04-05-2024	

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**

NAME - Agency Worker
Daniel Noel

Date Issued
3/7/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
03-22-2024

DCF-F-CFS0284-E (R 06/2011)