

| | | |
|--|--|---|
| Date Correction Plan Due 7/21/2026 | 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 Nathan's Family Child Care | | Provider Number / Facility ID Number 7000592757 / 001 - 2007880 | | |
| Address - Facility (Street, City, State, Zip Code) 4156 N 47Th St Milwaukee WI 532161529 | | Telephone Number 414-949-0572 | Date - Regulation Visit 6/26/2026 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | 250.04(6)(a)1m.f. Child Record - Health History - Medical Condition Symptoms Description: Child 1, listed as having a medical condition, did not have additional information documented for providing care. | I will have the parent write down what triggers Kehlani's asthma and put N/A next to the allergy question | 7/10/26 | |
| 2 | 250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Staff A's training in child abuse and neglect laws, identification, and reporting was expired. | I have took the child and the neglect class already | 7/7/26 | |

| Name - Certified Operator / Licensed Center | | Provider Number / Facility ID Number | | |
|--|--|---|-----------------------------|----------------------|
| Nathan's Family Child Care | | 7000592757 / 001 - 2007880 | | |
| Address - Facility (Street, City, State, Zip Code) | | Telephone Number | Date - Regulation Visit | |
| 4156 N 47Th St Milwaukee WI 532161529 | | 414-949-0572 | 6/26/2026 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 3 | 250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period Description: Staff A did not have documentation on file of having completing 15 hours of continuing education in 2025. | Classes are set up for my continuous education | 7/23/26 | |
| 4 | 250.06(2)(b) Access To Potentially Dangerous Items Description: A gun on the premises was not stored in locked storage. The gun was in an unlocked room not used by the childcare. | I have a gun case already and I'm gonna make sure my do Door is locked | 6/27/26 | |
| 5 | 250.06(3)(b) Emergency Plans - Practice Description: The center did not have documentation fire and tornado drills were practiced in May 2026. | I will make sure I don't miss any other fire drill anto tornado Practice | 6/30/26 | |
| 6 | 250.06(9)(j) Meals & Snacks - Records Description: The center did not have documentation of food served. | I have made weekly schedules for the month that will be sw Switch in and out switched in and out for the month | 5/5/26 | |

NAME - Agency Worker
Cindy Matuszak

Date Issued
7/3/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Tacoma Nathan