

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
4/8/2026

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, 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

Tots In Wonderland Day Care

3000576513 / 001 - 1007512

Address - Facility (Street, City, State, Zip Code)
6508 N 86Th St Milwaukee WI 53224

Telephone Number
414-353-7733

Date - Regulation Visit
3/24/2026

Rule/Statute Number
Noncompliance Statement

Expected
Completion Date

Correction Plan

Verification
Date

1 250.05(3)(e)2.

Provider Training - Current Cpr Certificate

3-29-2026 3-30-2026

Description: There was no documentation of a current CPR/First Aid Training for Staff A. It expired in February. Staff A has an appointment to take the class this month.

An updated form were emailed on Monday, March 30th 2026.

2 250.05(3)(fm)

Biennial Training - Child Abuse & Neglect

3-25-2026 3-30-2026

Description: There was no documentation of a current Mandated Reporter Training for Staff A. It expired in February.

An updated form were emailed on Monday, March 30th 2026.

NAME - Agency Worker
Khonda Brueggemann, Mindi Sabliak

Date Issued
3/25/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Khonda Brueggemann

Date Signed

3-30-2026