

Date Correction Plan Due
6/25/2026

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-448-7800

Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline proposed 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)(N), 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
1000589071 / 002 - 2003096

Ivory Hills Fam Child Care Ctr

Telephone Number
414-698-2295

Date - Regulation Visit
6/2/2026

Address - Facility (Street, City, State, Zip Code)
3872 N 7Th St Milwaukee WI 532121173

Correction Plan

Expected Completion Date

Verification Date

Rule/Statute Number
Noncompliance Statement

1 250.05(4)(c)1.
Continuing Education - Requirement & Training Topics

Description: Staff B does not have 15 hours of continuing education for 2025.

Staff B has been enrolled in CEC - For 2026

July 15, 2026

2 250.06(3)(b)
Emergency Plans - Practice

Description: There is no documentation of a monthly fire drill or tornado drill for May 2026.

Fire Drills are noted, tornado drills etc are documented on time.

6-3-2026

Repeat violation: Previously cited on 9/6/2024

Provider Number / Facility ID Number
1000589071 / 002 - 2003096

Name - Certified Operator / Licensed Center
Ivory Hills Fam Child Care Ctr
Address - Facility (Street, City, State, Zip Code)
3872 N 7TH St Milwaukee WI 532121173

Telephone Number
414-898-2295

Date - Regulation Visit
8/2/2026

Correction Plan

Expected Completion Date

Verification Date

3 250.06(4)(a)3.
Smoke Detectors - Testing
Description: There is no documentation that the smoke detectors were tested for the month of May.

Testing for smoke detectors are documented on time once a month.

6-3-2026

4 250.06(9)(j)
Meals & Snacks - Records
Description: There is no record of meals and snack served on 6/1/26.
Meal and snack records for May 2026 were not available for review at the time of the visit.

Menus are posted once a month on bulletin board.

6-3-2026

250.08(4)(c)1.
Driver Record - Obtain & Review
Description: Staff A does not have a current driving record.

Current driver record on file.

6-24-2026

250.08(5)(b)
Vehicle Inspection Form
Description: There is no vehicle inspection within the last 12 months.

Current vehicle inspection form on file.

6-29-2026

Name - Certified Operator / Licensee Name
Date Issued Form DCHS Date 29
Address - Facility Street City State Zip Code
4872 W 27th St - Grand Haven MI 49425-1272

Telephone Number
213-488-5598
Correction Plan

Provider Number / Facility ID Number
100000001 / 1000 - 0000000

Date - Registration Act
6/2/2010
Expected
Completion Date

Verification
Date

Signature Number
Noncompliance Statement

NAME - Agency Worker
Sara Cooney, Kristin Lange

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Trina Alden

