

# NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due  
6/8/2025

**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)(f), DCF 251.04(2)(L) and (3)(I), 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. 48.557. 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

Antonia Bueno

Address - Facility (Street, City, State, Zip Code)  
1037 Park Ave Racine WI 534031842

Rule/Statute Number  
Noncompliance Statement

1 202.08(12)(c)  
The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Developing A Written Contract That Specifies The Charge For Child Care And The Expected Frequency Of Payment For The Service. The Contract Shall Be Signed By The Operator And A Parent Or Guardian.

Description: Children 1, 2, 3, 5, 6, 7 missing signed contracts.  
Ninos 1, 2, 3, 5, 6, 7 sin contratos firmados.

Telephone Number  
262-412-4213

Correction Plan

Tendré todo en orden para el 5-30-25

Provider Number / Facility ID Number  
9000585889 / 002

Date - Regulation Visit  
4/23/2025

Expected Completion Date

5-30-25

Verification Date

RECEIVED

MAY 08 2025

BY: 

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Name - Certified Operator / Licensed Center

Antonia Buono

9000585890 / 002

Address - Facility (Street, City, State, Zip Code)

1037 Park Ave Racine WI 534031842

Telephone Number  
262-412-4213

Date - Regulation Viol  
4/23/2026

Correction Plan

Expected  
Completion Date

Verification  
Date

Rule/Statute Number  
Noncompliance Statement

2 202.08(12)(f)1-4  
Prior To A Child's First Day Of Attendance For Any Child In Care,  
Obtaining Information On A Form Prescribed By The  
Department With Enrollment And Health History Information,  
Including All Of The Following:  
1. The Parents' Home And Work Phone Numbers.  
2. Health History, Including Information Relating To A Child's  
Special Health Care Needs And Emergency Care Plan.  
3. The Parents' Signed Consent For Emergency Medical Care.  
4. A Name And Number To Call If The Child Requires  
Emergency Medical Care.  
Description: Child 7 needs enrollment & health history form and child 8  
has an incomplete enrollment & health history form.  
El niño 7 necesita un formulario de inscripción e historial de salud y el  
niño 8 tiene un formulario de inscripción e historial de salud  
incompleto.

Hola estoy pidiendo  
unos dias mas por favor  
para Mayo 5-30-25  
Estoy esperando a los  
padres que me entreguen  
los papeles muchas gracias

5-30-25

~~6-13-2025~~

*Antonia Buono*

3 202.08(4)(e)1.  
For Each Child Under 2 Years Of Age, A Report Of A Physical  
Examination Conducted Not More Than 6 Months Prior To Nor  
Later Than 3 Months After The Child Is Admitted, And A  
Follow-Up Health Examination At Least Once Every 6 Months  
Thereafter.  
Description: Children 2 and 7 need updated health reports.  
Los niños de 2 y 7 años necesitan informes de salud actualizados

Name - Certified Operator / Licensed Carrier

Permit Number / Training ID Number

Antonio Bland

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Address - Facility (Street, City, State, Zip Code)

Telephone Number

Date - Required Visit

1037 Park Ave Racine WI 53403-1847

262-413-4213

4/23/2025

Note/Status Number  
Noncompliance Statement

Correction Plan

Expected  
Compliance Date

Verification  
Date

Date Issued  
4/23/2025

Date Signed 5-2-2025

NAME - Agency Worker  
Santala Michalin, Yovanka Vazquez

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Antonio Bland*

DCF-F-CF50294-E (R.06/2011)