DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due 9/24/2026	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	Provider Number / Facility ID Number
Preschool Academy Ii	3000591643 / 001 - 2006841

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
4182 N 56Th St Milwaukee WI 532161276	414-316-9139	9/9/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)2. **Child Record - Emergency Medical Consent** Description: Child #2 lacked a signed authorization for emergency medical care	Be sure to include emergency information on brightwheel or paper.	9-24-2026	
2	251.04(6)(a)6. **Child Record - Health History** Description: Child #2 did not have a health history document on file	Be sure to include health history form on brightwheel or paper form.	9.24.2026	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Preschool Academy Ii		3000591643 / 001 - 2006841	
Address - Facility (Street, City, State, Zip Code) 4182 N 56Th St Milwaukee WI 532161276	**Telephone Number** 414-316-9139	**Date - Regulation Visit** 9/9/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.04(6)(a)8.b. **Child Record - Physical Exam - Over 2, Under 5** Description: Child #1 had a physical exam more than two years prior to the date of the file review	Child had just re-enrolled 9/1 From being out for 3 months. will be sure to have Parent submit forms or Refuse service without daumonts	9.15.2026	
4	251.06(11)(b)7. **Outdoor Play Space - Enclosure** Description: More than four inch gap observed in playground fence	Put large blocks or unmoveable structure in its place	9.24.2026	
5	251.06(2)(i) **Deteriorating Paint** Description: Flaking paint observed near the play kitchen and near the block center in the classroom accessible to children in care	Paint or have flaking Paint covered	9.24.2026	

NAME - Agency Worker
Paul Spink

Date Issued
9/10/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed 9.15.2026