DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
3/17/2026		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 applicabl 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 Schoo 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 specialis 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 completic 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 th 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 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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center	Provider Number / Facility ID Number
Open Arms Warm Hearts Childcare Center	9000593249 / 001 - 2008285

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
6342 W Fond Du Lac Ave Milwaukee WI 532184906	414-690-4566	2/17/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. **Child Record - Enrollment Information** Description: Enrollment information regarding parental information was incomplete for Child #1 and Child #2. Repeat violation: Previously cited on 8/12/2025	I looked over all the files and had parents fill in all missing information.	3/17/2026	
2	251.04(6)(a)8.a. **Child Record - Physical Exam - Under 2** Description: A follow-up health exam was not on file for Child #4. The last documented health exam was dated 10/2024. Repeat violation: Previously cited on 8/12/2025	I gave all parents 30 day to get updated Physicals turned in, or the child has to be removed by 3/17/26	3/17/2026	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Open Arms Warm Hearts Childcare Center		9000593249 / 001 - 2008285	
Address - Facility (Street, City, State, Zip Code) 6342 W Fond Du Lac Ave Milwaukee WI 532184906	**Telephone Number** 414-690-4566	**Date - Regulation Visit** 2/17/2026	

	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: An initial health exam was not observed on file for Child #2.	That parent has been notified and given a due date of 3/17/26 to give me a health exam form.	3/17/2026	
4	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: Current infant and child CPR/AED training was observed incomplete for Staff A. The CPR/AED training taken by Staff A was not conducted by a department approved agency.	Staff did take the correct CPR training right away.	3/17/2026	
5	251.055(1)(a) **Supervision Of Children** Description: A group of approximately 4-5 school-aged children were observed in the school-aged area without direct child care worker sight and sound supervision.	Staff was reminded to not leave the class room at any given time without coverage	3/17/2026	
6	251.055(2)(L) **Staff-To-Child Ratios - Non-Classroom Duties** Description: Staff was not free of non-classroom duties, as staff were walking in and out of the school-aged room completing other duties.	Staff has been told to wait for coverage before walking out of the classroom!	3/17/2026	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Open Arms Warm Hearts Childcare Center		9000593249 / 001 - 2008285	
Address - Facility (Street, City, State, Zip Code) 6342 W Fond Du Lac Ave Milwaukee WI 532184906	**Telephone Number** 414-690-4566	**Date - Regulation Visit** 2/17/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7	251.06(9)(d)2.b. **Food Storage - Distance Above Floor** Description: Bottled juices and waters were observed stored on the floor.	Drinks were removed and will not be stored on the floor at all moving forward.	3/17/2026	
8	251.07(5)(a)4. **Meals & Snacks - Minimum Meal Requirements** Description: Children were not served all minimum meal requirements for lunch. Children were not provided all of the planned menu items.	I make sure staff fto follow the menu or make sure changes are posted.	3/17/2026	
9	251.07(5)(a)6. **Menus - Changes** Description: Changes to menu items were not observed on file.	All changes will be posted on the menu.	3/17/2026	
10	251.09(1)(j) **Infant & Toddler - Crib Mattresses & Coverings** Description: Playpen mattresses were observed not tight-fitting and the sheets were did not fit snugly over the mattresses. Repeat violation: Previously cited on 11/13/2025	Playpens are being replaced.	3/17/2026	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Open Arms Warm Hearts Childcare Center		9000593249 / 001 - 2008285	
Address - Facility (Street, City, State, Zip Code) 6342 W Fond Du Lac Ave Milwaukee WI 532184906	**Telephone Number** 414-690-4566	**Date - Regulation Visit** 2/17/2026	
Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**

NAME - Agency Worker
Crescenta Sabree, Tiisha Harrell

Date Issued
3/3/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jennifer A Phillips

Date Signed
03/17/2026