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
10/5/2026		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 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
Sweet Home Daycare Academy	0000594780 / 001 - 2009591

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
4101 S Howell Ave Milwaukee WI 532074409	414-324-7968	9/16/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.055(1)(f) **Child Tracking Procedure** Description: The children were outside and the center staff did not have a form of tracking.	Tracking forms were made for each classroom with Children's names. Teachers are aware that they need to have tracking forms with them outside at all times. ✓ Done.	Done –	
2	251.09(1)(d) **Infant & Toddler - Assignment To Room & Caregiver** Description: The intake under two forms were not in the infant room where the child is located.	Copies of Intake forms for under two years old were placed in the infant classroom, Intake forms were verified with parents and will be verified again every 3 months. ✓ Done –	Done –	

NAME - Agency Worker
Joel Marquez, Laura Taylor

Date Issued
9/21/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
09/28/2026