

Date Correction Plan Due 2/4/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 Marquette University Child Care Ctr		Provider Number / Facility ID Number 8000560348 / 001 - 225805		
Address - Facility (Street, City, State, Zip Code) 500 N 19Th St Milwaukee WI 532332123		Telephone Number 414-288-5655	Date - Regulation Visit 1/14/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(b) Current, Accurate Daily Attendance Record Description: In the Rainbow room there were 11 children present but only 10 children signed in. On 1/12/26 in the Lily Pad room a child was signed in on attendance without a last name or DOB.	Classroom was reminded of the importance of accurate attendance records, Classroom was advised to include DOB and full name when a child is included in the classroom attendance.	1/20/2025	
2	251.06(9)(d)1.b. Food Storage - Refrigeration Units Description: In the Sunshine room, the thermometer in the freezer read 6 degrees Fahrenheit. In the Lily Pad room, the thermometer in the freezer read 18 degrees Fahrenheit and 50 degrees Fahrenheit in the refrigerator.	All classrooms are reminded to double check the accuracy of the thermometers and request a new one if it is wrong.	1/20/2025	

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3	251.07(6)(dm)2. Medical Log - Pages & Entries Description: The medical log books in the Tree room and Rainbow room had skipped lines.	Remind all staff to follow the logbook policy and not skip lines or leave any open space. (in the tab section)	1/20/2025
4	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: The authorization for a child's medication did not have an end date. Repeat violation: Previously cited on 8/11/2025	Remind staff to be sure dates on medical forms are filled in correctly.	1/20/2025

NAME - Agency Worker
Katrina Tarantino, Sharece Devougas

Date Issued
1/21/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Amy Habosny

Date Signed

1-21-2024