

Date Correction Plan Due 9/16/2025	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 Child And Fam Ctrs Of Excellnc Inc		Provider Number / Facility ID Number 1000557921 / 012 - 1011343		
Address - Facility (Street, City, State, Zip Code) N4w22000 Bluemound Rd Waukesha WI 531868755		Telephone Number 262-548-8080	Date - Regulation Visit 8/20/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(2)(L)1.b. Department Notices Posted Description: The enforcement orders dated May 2, 2025 and May 19, 2025 are not posted.	Post plans in designated area.	8/20/25	8/20/25
2	251.04(6)(a)6. Child Record - Health History Description: A child with a known medical condition does not have a fully completed health history form.	child's health history form was updated. all other forms are being updated as well.	8/20/25 9/20/25	9/20/25

Name - Certified Operator / Licensed Center Child And Fam Ctrs Of Excellnc Inc		Provider Number / Facility ID Number 1000557921 / 012 - 1011343		
Address - Facility (Street, City, State, Zip Code) N4w22000 Bluemound Rd Waukesha WI 531868755		Telephone Number 262-548-8080	Date - Regulation Visit 8/20/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.04(7)(a) Disclosure Of Personal Information Description: An allergy list containing the child's name and allergy was posted in the classroom in an area viewable for other parents to see. This was corrected during the visit.	Move information to inside of cupboard door to preserve confidentiality	8/20/25	8/20/25
4	251.06(11)(b)8. Outdoor Play Space - Prohibited Surfaces Description: A small slide was placed next to the cement walkway. This was corrected during the visit.	move slide away from walkway	8/20/25	8/20/25

NAME - Agency Worker
Sara Cooney, Kristin Lange

Date Issued
9/2/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
9/2/25