

CARRIES FAMILY DAY CARE

3270 NORTH 30th STREET
MILWAUKEE,WI 53216
414-871-7096
FAX-414-871-5850

DEPARTMENT OF CHILDREN AND FAMILIES

FROM:CARRIE PALMER

FAX: 262-446-7991

PAGES:6

PHONE:-262-

DATE:
09/09/2025

ATTENTION:

RONDA BRUEGGEMANN

RE:CARRIE PALMER

CC

Urgent For Review

Please Comment Please Reply

WILL YOU PLEASE GIVE ME A CALL AND LET ME KNOW WHEN YOU GET THIS INFORMATION?

PAGE 1/6 REC'D 9/9/2025 9:57:42 AM [Central Daylight Time] PRD 082265423

Date Correction Plan Due 9/11/2025	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)(d) and (3)(g), DCF 251.04(2)(L) and (3)(h), 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. 48.167. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.175. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center Carrie's Family Day Care		Provider Number / Facility ID Number 3000563553 / 001 - 230042	
Address - Facility (Street, City, State, Zip Code) 3270 N 30Th St Milwaukee WI 53216		Telephone Number 414-871-7096	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Date - Regulation Visit
		Expected Completion Date	Verification Date
1 250.04(6)(a)1m.f. Child Record - Health History - Medical Condition Symptoms Description: There was missing information on the health history form for Child 2.	Completed on 9-5-25 a copy of the file from doctor office is attached to this form	09-05-2025	
2 250.05(3)(m) Biennial Training - Child Abuse & Neglect Description: There was no documentation of a current Mandated Reporter Training for Staff A.	I completed the biennial training for staff on here is a copy of my file	9-03-2025	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Carrie's Family Day Care I		3000563553 / 001 - 230042	
Address - Facility (Street, City, State, Zip Code)		Date - Regulation Visit	
3270 N 30Th St Milwaukee WI 53216		8/19/2025	
Telephone Number		Expected Completion Date	
414-871-7096		9-2-2025	
Correction Plan		Verification Date	
<p>Copy of the mailing for test on 9-2-25. They received it on 9-5-25. I will send a copy of the test as soon as I receive it. All copies in file.</p>			
Rules/Statute Number	Noncompliance Statement		
250.06(2)(m)1.a. Radon - Testing	<p>Description: There was no documentation of a completed Radon Test for the center.</p> <p>Repeat violation. Previously cited on 9/11/2024</p>		

NAME - Agency Worker
Rhonda Brueggemann

Date Issued
8/28/2025

SIGNATURE - Certified Operator or Designee / Licensee of Designee

Carrie Palmer
DOF-F-CFS0304-E (R.06/2014)

Date Signed
09-09-2025

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CERTIFICATE OF COMPLETION

This certifies that

CARRIE PALMER

has successfully completed

Mandated Reporter Online Training

9/3/2025



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PRO-LAB received your radon lab samples, test # 1540083

From: Pro-Lab Receiving (receiving@prolabinc.com)

To: carriefamily@sbcglobal.net

Date: Friday, September 5, 2025 at 01:34 PM CDT

CARRIE PALMER

carriefamily@sbcglobal.net

This is to inform you that PRO-LAB received your radon samples for analysis, PRO-LAB Test # 1540083.

This email is an automated notification, which is unable to receive replies. We're happy to help you with any questions or concerns you may have. Please contact us directly at CustomerService@prolabinc.com or at (954)384-4446.

The results from your radon analysis will be emailed to you in approximately 1 week.

PRO-LAB

Weston, FL 33326