

Date Correction Plan Due 2/19/2026	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 Wee B Kids Child Care Center		Provider Number / Facility ID Number 6000558836 / 002 - 225674		
Address - Facility (Street, City, State, Zip Code) 1350 Davidson Rd Brookfield WI 530456624		Telephone Number 262-785-9474	Date - Regulation Visit 2/4/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.05(2)(a)6. Staff Record - Days & Hours Worked</p> <p>Description: Staff hours were not accurate in the big toddler room when a staff person who had left on break was not signed out, and a staff person who was in the room was not signed in.</p>	<p>We will now be adding a 11 breaks on classroom daily masters.</p>	<p>immediately</p>	<p style="text-align: center;">RECEIVED STATE OF WISCONSIN FEB 13 2026</p>
2	<p>251.05(3)(cm) Child Abuse & Neglect - Biennial Training</p> <p>Description: Staff A did not have documentation on file of current training in child abuse & neglect laws, identification, and reporting.</p>	<p>The copy of the mandated reporter cert was missing. Staff A read the training & put the new cert in Staff A's file</p>	<p>2-6-26</p>	<p style="text-align: center;">SOUTHEASTERN REGIONAL OFFICE DCF DECE BECR</p>



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3 251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: The refrigerator in the large motor room did not have a thermometer placed in it.	We immediately put a fridge thermometer in the fridge that was missing one	immediately 2-4-26		
4 251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: An medication authorization in the little toddler room did not include the timeframe of the authorization.	We have now made it our practice to put starting & ending dates on all med. sheets	immediately		
5 251.07(6)(f)6. Current Authorizations For Medications On Premises Description: Two medications in the little toddler room did not have authorizations from the parent.	They were for the same child. We sent them home with the family. We let them know the med forms need to be filled out by a med ls administered	2-4-26		

NAME - Agency Worker
Cindy Matuszak

Date Issued
2/5/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Diana Hualley

Date Signed

2-6-26