Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/14/2026		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	
Urban Ecology Center - Washington Park		8000589498 / 002 - 2003981	
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**	
1859 N 40Th St Milwaukee WI 532081824	414-344-5460	7/28/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.43(1)(f) **Base Camp Premises & Structures - Condition, Maintenance, Safe** Description: Barriers around the river collapsed and no longer restricted access to the water area. These were not properly maintained	Camp team checking in with Land Management team. This land is owned by the county and is not property of Urban Ecology Center. Temporary barriers for plant protection will be removed from around the still lagoon.	Unknown-temp barriers will be removed when plantings have been established.	
2	252.43(1)(h) **Painted Surfaces - Lead Free & Maintained** Description: Flaking paint observed on the western wall of room 114.	Maintenance request submitted to facilities team to remedy paint chips of newly-renovated building.	6/1/27	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	252.44(6)(e)5. **Authorization For Child To Carry Medication** Description: No documented permission for child to carry medication	Camp team directly contacted parent for express permission to carry medication. Medication administration authorization form was updated with this detail.	7/30/26	

NAME - Agency Worker
Paul Spink

Date Issued
7/31/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
8/27/26