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		**Provider Number / Facility ID Number**	
Zergies Bundle Care		8000589708 / 001 - 2004242	
Address - Facility (Street, City, State, Zip Code) 10933 W Stark St Milwaukee WI 532253832	**Telephone Number** 262-838-0513	**Date - Regulation Visit** 9/16/2026	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	250.04(6)(a)4.a. **Child Record - Physical Exam - Under 2** Description: Child V.K did not have a health report on file.	Informed parent about health report. Will allow 14 days for completion.	10/06/2026 Z.Y	09/16/2026 Emailed Report
2	250.05(2)(c) **Staff File - Days, Hours Worked** Description: Staff hours were not accurate during the time of licensing visit.	Informed A.T. to sign out when leaving premises.	10/06/2026	09/16/2026 Notified AT
3	250.05(3)(e)2. **Provider Training - Current Cpr Certificate** Description: Both A.T and Z.Y have expired CPR certificates on file.	Will schedule A.T. CPR class. Send Z.Y. certificates via email.	10/06/2026	10/05/2026 scheduled CPR 10/24/26

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4	250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: Both A.T and Z.Y have expired child abuse and neglect/mandated reporter trainings on file.	Will Review and complete training send via email to licensor.	10/06/2026	10/02/2026

NAME - Agency Worker
Jennifer Mischock

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
10/06/2026