

Date Correction Plan Due 1/31/2025	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		Provider Number / Facility ID Number	
Step By Step Family Child Care		8000589888 / 001 - 2004541	
Address - Facility (Street, City, State, Zip Code) 3174 S 31st St Milwaukee WI 532154320		Telephone Number 414-439-5046	Date - Regulation Visit 1/15/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Child 2 does not have documentation of an immunization history in the child record.	<i>child 2 provided immunizations on 1/22/25</i>	<i>1/22/25</i>
2	250.07(4)(c) Naps - Sleep Surface & Placement - Child 1 Year And Older Description: During the visit a 1 year 2 month old child was observed sleeping on the couch. Each child one year of age and older shall be provided a sleeping surface.	<i>This was an isolated incident, child will not be allowed to sleep on the couch moving forward. A mattress will be provided in case it happens again.</i>	<i>1/22/25</i>

Name - Certified Operator / Licensed Center Step By Step Family Child Care		Provider Number / Facility ID Number 8000589888 / 001 - 2004541	
Address - Facility (Street, City, State, Zip Code) 3174 S 31St St Milwaukee WI 532154320		Telephone Number 414-439-5046	Date - Regulation Visit 1/15/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	250.07(6)(b)2. Medical Log Book - Pages And Entries Description. There are two pages torn out of the medical log book maintained by the center.	New log book was acquired.	1/22/25

NAME - Agency Worker
Daniel Noel, Sara Cooney

Date Issued
1/15/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



1/22/25