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STATE OF WISCONSIN

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ure to

Name - Certified Operator / Licensed Center
Dontates World Cc

Address - Facility (Street, City, State, Zip Code)

Provider Number / Facility ID Number
2000583352 / 001 - 1012794

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due
8/8/2025

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.

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Dontates World Cc

Provider Number / Facility ID Number
2000583352 / 001 - 1012794

Address - Facility (Street, City, State, Zip Code)
6427 N 52Nd St Milwaukee WI 53223

Telephone Number
414-446-4482

Date - Regulation Visit
7/24/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Verification	
			Expected Completion Date	Verification Date
1	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Staff A does not have documentation of a current certificate of completion for a department-approved course in infant and child CPR and AED use.	CPR training has been completed. Completion date 7-31-25.	7-31-25	
2	250.06(3)(b) Emergency Plans - Practice Description: A tornado drill was practiced, but not documented for June 2025.	Tornado drilled has been documented and updated.	7-31-25	

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Address - Facility (Street, City, State, Zip Code) 6427 N 52nd St Milwaukee WI 53223		Telephone Number 414-446-4482	Date - Regulation Visit 7/24/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.06(9)(j) Meals & Snacks - Records Description: No menus were available for licensing review.	Menus has been planned out 2 month in advance.	7-31-25	

NAME - Agency Worker
Daniel Noel

Date Issued
7/24/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Jalisha Anderson

Date Signed
9-30-25