

Date Correction Plan Due 3/12/2025	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		Provider Number / Facility ID Number		
Peladitos Centro De Cuidado Infantil ll Llc		5000589855 / 001 - 2004676		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
2220 W National Ave Milwaukee WI 532041033		414-837-3388	2/25/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(4)(c)1. Continuing Education Requirement - Full Time Staff Description: Staff A, B, and C did not have documentation of 15 hours of continuing education training on file.	They will read articles, and look into 4cs. Spanish classes.	2/25/25	
2	251.07(6)(dm)2. Medical Log - Pages & Entries Description: The page in the medical log book were skipped and not marked.	Review & fixed	2/25/25	

Name - Certified Operator / Licensed Center Peladifos Centro De Cuidado Infantil II Llc		Provider Number / Facility ID Number 5000589855 / 001 - 2004676	
Address - Facility (Street, City, State, Zip Code) 2220 W National Ave Milwaukee WI 532041033		Telephone Number 414-837-3388	Date - Regulation Visit 2/25/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	251.07(6)(f)3. Medication - Storage Description: The cabinet in the two year old room had medication and was not locked.	Cabinet was locked	2/25/25

NAME - Agency Worker
Joel Marquez, Laura Taylor

Date Issued
2/26/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

05/12/25