Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/24/2026		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
I Am Who I Am Learning Center	8000589958 / 001 - 2005036

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
4949 W Radcliffe Dr Brown Deer WI 532231420	414-368-3182	8/6/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.b. **Child Record - Enrollment Information - Parent's Names** Description: The full names of both parents was not observed for Child #3.	Form was updated. Forms will be reviewed every other month to ensure forms are up to date. Included pictures of updated form.	9/2/2026	
2	250.04(6)(a)1.e. **Child Record - Enrollment Information - Other Emergency Contact** Description: The name, address, telephone number, and relationship to the child of a person to be notified in an emergency when a parent cannot be reached immediately was not on file for Child #1 and Child #2.	Form was updated. Forms will be reviewed every other month to ensure forms are up to date. Included pictures of updated form.	9/2/2026	

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3	250.04(6)(a)1.h **Child Record - Enrollment Information - Date Of Attendance** Description: The child's first day of attendance was not on file for Child #2 and Child #3.	Form was updated. Forms will be reviewed every other month to ensure forms are up to date. Included pictures of updated form.	9/2/2026	
4	250.04(6)(a)1m. **Child Record - Health History** Description: Health history information was observed missing for Child #1 and Child #3.	Form was updated. Forms will be reviewed every other month to ensure forms are up to date. Included picture of updated form.	9/2/2026	
5	250.04(6)(a)1m.f. **Child Record - Health History - Medical Condition Symptoms** Description: Child #2's parent indicated a medical condition, but failed to provide information regarding riggers that may cause a problem, signs or symptoms for the provider to watch for, steps a provider should follow, when to call a parent regarding symptoms, when the condition requires emergency medical care, and identification of all providers who have received specialized training or instructions to help treat symptoms.	Form was updated. Forms will be reviewed every other month to ensure forms are up to date. Included picture of updated form.	9/2/2026	

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6	250.04(6)(a)2. **Child Record - Field Trip Permission** Description: Field trip permission was observed incomplete for Child #1 and Child #3.	Form was updated. Forms will be reviewed every other month to ensure forms are up to date. Included picture of updated form.	9/2/2026	
7	250.06(2)(a) **Electrical Or Hot Surface Protection** Description: A power strip was observed without individual screens/guards to prevent children from touching the outlet.	Provider will not allow school.-ager to charge his devices using the power strip. The strip has been removed and replaced with outlet covers. Picture included of this correction.	8/6/2026	
8	250.06(2)(e) **Potential Source Of Harm On Premises** Description: Various cords from different electronics were observed loose and hanging from a ledge accessible to children. Loose plastic bags were observed accessible to children in an unlocked bathroom cabinet.	The cord from the landline telephone has been adhered to the wall. Provider checked under the sink vanity to remove plastic bags no plastic bags were observed. Provider did observe gloves used for changing infants and toddlers. Safety latch has been placed on sink vanity. Picture included of this correction.	8/6/2026	
9	250.06(3)(b) **Emergency Plans - Practice** Description: Documentation of the required monthly fire and tornado drills were not observed on file for July 2026.	Documentation from the providers phone has been added to form dcf-f-cfs0460. Provider wasn't aware that this form had to be utilized as form dcf-f-cfs0460 states that the use of the forms is voluntary. Moving forward the provider will transfer electronic documentation to form dcf-f-cfs0460 in a more timely manner. Picture included of correction.	8/6/2026	

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10	250.06(4)(a)3. **Smoke Detectors - Testing** Description: Documentation of the required smoke detector testing was not observed on file for July 2026.	Documentation from the providers electric device has been added to form dcf-f-cfs0460. Provider wasn't aware that this form had to be utilized as form dcf-f-cfs0460 states that the use of the form is voluntary. Moving forward the provider will transfer electronic documentation to form dcf-f-cfs0460 in a timelier manner. Picture included of correction.	8/6/2026	

NAME - Agency Worker
Crescenta Sabree, Tiisha Harrell

Date Issued
8/10/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed