DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
3/5/2025		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
India's Island Of Lrng Family Ccc		6000591626 / 001 - 2006828
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
5171 N 69Th St Milwaukee WI 532183913	414-739-8204	2/12/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(2)(e)8. **Policy Submitted & Implemented - Transportation** Description: The licensee did not submit to the department a policy regarding center provided transportation, including a procedure to ensure no child has been left unattended in a vehicle.	Submit an updated policy stating that I will not provide transportation (for now)	2/19/25 ~~2/21/25~~	
2	250.04(2)(j) **Administration - Health, Safety, Welfare Of Children** Description: The licensee did not ensure the safety of children in care when she transported children after being told in a July 26, 2024 email she was not approved for transportation.	My correction plan is to not provide transportation in the future. if I do decide to reapply, I will make sure I am approved before transporting.	2/19/25 ~~2/21/25~~	

DCF-F-CFS0294-E (R.06/2011)

...ing Family Ccc

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Date - Regulation Visit: 2/12/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.04(3)(j) **Report - Change In Transportation Services** Description: The licensee began transporting while not having approval from the department. The licensee did not report transporting children in a vehicle not previously reviewed by the department.	In the future, if I decide I would like to apply for transportation again, I will make sure im approved beforehand.	2/19/25 2/21/25	
4	250.08(5)(a)1. ***Vehicle Requirements - Registration*** Description: The licensee transported children in a vehicle with a revoked/suspended registration.	Submit correct and updated documents stating that my vehicles registration is current + not revoked or suspended.	2/19/25 2/21/25	
5	250.08(5)(b) **Vehicle Inspection Form** Description: The licensee did not submit to the department a vehicle inspection form for a vehicle used to transport children in care.	Submit an updated and correct vehicle inspection form before transporting	2/19/25 2/21/25	

NAME - Agency Worker
Cindy Matuszak

Date Issued
2/19/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
India Reed

Date Signed
2/21/25

DCF-F-CFS0294-E (R.06/2011)