Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/7/2026		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
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	7/23/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.e. **Child Record - Enrollment Information - Other Emergency Contact** Description: Children 1 and 2 did not have an emergency contact person listed, other than the parent. Repeat violation: Previously cited on 4/23/2025	I reviewed all children's enrollment records and obtained an emergency contact person, other than the parent, for the children whose files were incomplete. Going forward, all enrollment forms will be reviewed for completeness before a child begins care, and records will be checked regularly to ensure they remain current.	7/28/26	
2	250.06(2)(e) **Potential Source Of Harm On Premises** Description: Broken glass was observed on the outdoor play space. Repeat violation: Previously cited on 4/23/2025	All broken glass was immediately removed from the outdoor play area. The play space was thoroughly inspected to ensure it was safe for children. Daily outdoor safety inspections will be completed before children use the play area to identify and remove any hazards.	7/28/26	

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3	250.06(2)(n)5. **Radon - Continuous Testing** Description: The program's radon test results were expired when they were last completed 10/13/23. Radon test results are required every two years.	A new radon test has been scheduled/completed to meet the required two-year testing requirement. A reminder will be maintained on my calendar to ensure future testing is completed before the expiration date.	7/28/26	
4	250.06(4)(a)1. **Smoke Detectors** Description: During the visit, a smoke detector was heard to be chirping, indicating the battery needed to be replaced.	The battery in the smoke detector was replaced immediately, and the detector was tested to ensure it was functioning properly. Smoke detectors will be checked monthly and batteries replaced as needed to maintain proper operation.	7/28/26	

NAME - Agency Worker
Cindy Matuszak

Date Issued
7/24/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7/28/26

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