

ATT: Daniele Noel

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DEPARTMENT OF CHILDREN AND FAMILIES  
DIVISION OF FAMILY CARE AND EDUCATION

STATE OF WISCONSIN

<b>Date Correction Plan Due</b> 9/18/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 262-448-7800
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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 202.066, 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. 48.557. 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.

<b>Name - Certified Operator / Licensed Center</b> S And E Family Child Care	<b>Provider Number / Facility ID Number</b> 3000571893 / 001 - 1011473
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<b>Address - Facility (Street, City, State, Zip Code)</b> 6044 N 38Th St Milwaukee WI 532093613	<b>Telephone Number</b> 414-760-0721	<b>Date - Regulation Visit</b> 8/20/2025
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(3)(b) <b>Report - Damage To Premises</b>  Description: Flooding in the basement was not reported to the Department. The flooding resulted in mold growth. The center was closed for one week as a result.	HAD The Flooding in the basement Professionally Clean for mold any oth Flood will be Reported	8/26/25	
2	250.04(5)(a)4.b. <b>Child Record - Physical Exam - Over 2, Under 6</b>  Description: Child 1 does not have documentation of a follow-up health examination at least once every 2 years as required. The most recent health examination in the child record for Child 1 was on 04/07/23.	UPDATED child Health Record ON 9-5-25	9/5/25	

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Address - Facility (Street, City, State, Zip Code) 6044 N 38Th St Milwaukee WI 532093613		Telephone Number 414-780-0721	Date - Regulation Visit 8/20/2025	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	

NAME - Agency Worker  
Daniel Noel

Date Issued  
9/3/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Sarah Milden*

9-16-25