

**Date Correction Plan Due**  
12/12/2025

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**TO FILE A COMPLAINT CALL**  
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		
Howell About Us Fam Childcare Ctr		1000582211 / 001 - 1015979		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
4801 W Brentwood Ave Milwaukee WI 532236025		414-544-3650	11/14/2025	
Rule/Statute Number Noncompliance Statement		Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.e. <b>Child Record - Enrollment Information - Other Emergency Contact</b>  Description: Child 3 did not have documentation of emergency contacts, other than the parents, on file.	HAVE PARENT fill in Necessary Blanks	12-25-25	
2	250.04(6)(a)1.g <b>Child Record - Enrollment Information - Authorized Pickup</b>  Description: Children 2 and 3 did not have authorized pick up persons documented or the entry labeled "N/A".	HAVE PARENT fill out pick up for child 2:3 OR put N/A	ASAP 12-25-25	

3	Rule/Statute Number	Telephone Number	Date - Regulation Visit	
	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	<p>250.04(6)(a)1m.f.  <b>Child Record - Health History - Medical Condition Symptoms</b></p> <p>Description: Child 3, identified as having allergies, did not have additional information required, including triggers, signs or symptoms to watch for, steps a provider should follow, when to call a parent, instructions to help treat symptoms, and when the condition requires emergency medical care.</p>	414-544-3650	11/14/2025	
4	<p>250.04(6)(a)2.  <b>Child Record - Field Trip Permission</b></p> <p>Description: Children 2 and 3 did not have documentation of field trip permission on file.</p>	Have parent fill out full trip permission slip	12-25-25	
5	<p>250.04(6)(a)5.  <b>Child Record - Consent For Emergency Medical Treatment</b></p> <p>Description: Children 2 and 3 did not have documentation of consent from the parent for emergency medical treatment.</p>	Have parent fill out documentation for consent treatment	12-25-25	
6	<p>250.05(3)(e)2.  <b>Provider Training - Current Cpr Certificate</b></p> <p>Description: Staff B's CPR training was not completed through a department approved trainer.</p> <p>Repeat violation: Previously cited on 11/15/2024</p>	Provider will contact Red cross Blue shields for CPR	1-15/25 if available	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
7	250.05(4)(c)1. Continuing Education - Requirement & Training Topics  Description: Staff B did not have documentation of completion of 15 hours of continuing education from 2024.  Repeat violation: Previously cited on 11/15/2024	Provider will call around for 15 hrs of CED class	2/26
			Verification Date

NAME - Agency Worker  
Cindy Matuszak

SIGNATURE - Certified Operator or Designee / Licensee or Designee  
*Cindy Matuszak*

Date Issued  
11/25/2025

Date Signed  
12-8-25