

**Date Correction Plan Due**  
1/29/2025

**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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>		
Hadley Child Care And Lrng Ctr ll		7000587517 / 001 - 2000703		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
5520 W Burleigh St Milwaukee WI 532101547		414-445-6340	1/9/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(2)(a) <b>Staff Record - Maintenance &amp; Availability</b>  Description: Staff A did not have all there required personal information on file, such as early childhood training and emergency contact. **This was corrected during the monitoring visit**  Repeat violation: Previously cited on 7/20/2023	STAFF A completed the personal info on file.	1-9-25	
2	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: There was no health report on file for Staff B. Staff B started working in October 2024 and would have needed a completed report within 30 days after Staff B was hired.	STAFF B Had Physical Exam Appointment 2/25.	2/25	

Galaxy S24 Ultra

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3	<p>251.05(2)(a)6. <b>Staff Record - Days &amp; Hours Worked</b></p> <p>Description: Staff are not consistently documenting hours when used to meet staff-to-child ratio. In the 2 year old room, staff did not sign in on 1/9/25 and staff did not sign in or out on 1/8/25.</p> <p>In the preschool room, staff did not sign out on 1/8/25 and on 1/9/25, one staff member did not sign out and the other staff did not sign in.</p> <p>In the infant room staff did not sign out on 1/8/25.</p> <p>Repeat violation: Previously cited on 8/29/2023, 1/23/2023</p>	<p>Review Staff Record daily.</p>	<p>1-9-25</p>	
4	<p>251.06(2)(p)1.b. <b>Radon - Testing, Current Providers</b></p> <p>Description: A test for radon gas levels was not provided to the department by September 2023.</p>	<p>Radon Tested.</p>	<p>2/25</p>	
5	<p>251.06(3)(b)4. <b>Emergencies - Record Of Fire / Tornado Drills</b></p> <p>Description: There is no documentation that monthly fire evacuation drills were conducted for the month of December 2024.</p>	<p>Document the Fire drills.</p>	<p>1-9-25</p>	

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6	251.06(4)(jm)2. <b>Fire Alarms &amp; Smoke Detectors - Testing</b>  Description: There is no documentation demonstrating the required monthly smoke detector testing was conducted for the month of December 2024.	Tested the smoke detector + documented.	1-9-25	
7	251.06(9)(d)1.b. <b>Food Storage - Refrigeration Units</b>  Description: The refrigerators in the kitchen and infant room are not maintained at 40 degrees or below; the infant room was at 46 degrees and the kitchen was at 42 degrees.	The refrigerator in kitchen + infant room were maintain at 40° <del>Refr</del> Replace the thermometer	1-9-25	
8	251.07(6)(f)1.b. <b>Medication Administration - Containers &amp; Labeling</b>  Description: Teething gel observed in the infant room is not labeled with the child's name.	disposed out teething gel	1-9-25	
9	251.07(6)(f)6. <b>Current Authorizations For Medications On Premises</b>  Description: Childrens medication (baby teething gel) was observed in the infant room and did not have a written authorization form signed and dated by the parent. **This was corrected during the monitoring visit as the gel was discarded**	discarded	1-9-25	

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10	251.09(3)(a)2. <b>Infant &amp; Toddler - Food &amp; Formula Brought From Home</b>  Description: Containers of formula and rice cereal, brought from home, were labeled with the child's name but the containers were not dated on the day of opening.	Dated the containers	1-9-25

**NAME - Agency Worker**  
Kristin Keck, Katrina Tarantino

**Date Issued**  
1/15/2025

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