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 |
|---|---|---|
| 6/11/2026 | | 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) 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 |
|---|---|---|
| Hadley Child Care And Lrng Ctr Ii | | 7000587517 / 001 - 2000703 |
| **Address - Facility (Street, City, State, Zip Code)**<br>5520 W Burleigh St Milwaukee WI 532101547 | **Telephone Number**<br>414-445-6340 | **Date - Regulation Visit**<br>5/27/2026 |

| | Rule/Statute Number<br>Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
|---|---|---|---|---|
| 1 | 251.05(3)(cm)<br>**Child Abuse & Neglect - Biennial Training**<br><br>Description: Staff A and staff D did not have current Child Abuse and neglect training in staff file. | STAFF A + D Receive trainING ON 5-27-26 + placed IN File. | 5-27-26 | |
| 2 | 251.05(4)(c)1.<br>**Continuing Education Requirement - Full Time Staff**<br><br>Description: Staff A and staff C did not have 15 hours of continuing education training in staff files for 2025. | STAFF A + C Receive trainING. | 5-29-26 | |

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| 3 | 251.06(10)(f)<br>**Bathroom Supplies**<br><br>Description: The garbage can in the preschool room was flipped upside down. | Turned garbage can up at the time of visit. | 5-27-26 | |
| 4 | 251.06(9)(c)1.<br>**Safe Food**<br><br>Description: There was an open plastic container in the kitchen refrigerator with a date of 5-15-2026. | tossed the plastic container away at the time of visit | 5-27-26 | |
| 5 | 251.08(4)(c)1.<br>**Driver Record - Obtain & Review**<br><br>Description: Staff D did not have annual driving record on file. | Staff D have a driving record on File | 5-27-26 | |
| 6 | 251.09(4)(a)3.<br>**Infant & Toddler - Diaper Changing Surface Disinfection**<br><br>Description: The changing pad in the infant room had rips/tears and was not an easily cleanable surface. | Replace the changing pad. | 5-27-26 | |

**NAME** - Agency Worker
Joel Marquez

Date Issued
5/28/2026

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

Date Signed
6-1-26