

Date Correction Plan Due 7/10/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 202.065, 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		
Four Seasons Early Lrng Center Inc		7000588367 / 001 - 2002011		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
2801 N Martin Luther King Dr Milwaukee WI 532122313		414-264-4442	6/18/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child #2, #3, and child #5 did not have a current health report on file.	Parents will be notified of due date for health forms + receive a call to ensure delivery of health forms to center. Fax # will also be given to receive from Dr office	10/31/25	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff C did not have documentation of current CPR training in staff file. Repeat violation: Previously cited on 10/25/2023	All staff will have Cpr Training upon hire (if expired) A Trainer will be scheduled to provide Training upon/ Expiration Date Prior	8/29/25	

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3 251.05(4)(c)1. Continuing Education Requirement - Full Time Staff Description: Staff A,B, and D did not have documentation of continuing education training in staff file.	Staff Trainings will be scheduled to ensure everyone has the Continuing Education Hours.	12/30/25	
4 251.055(1)(f) Child Tracking Procedure	Child Tracking will be developed - Master Sheets & Individual Room tracking Sheets	9/30/25	
5 251.06(2)(d) Access To Materials Potentially Harmful To Children Description: There was cleaning wipes accessible to children in the two year old room. There was cleaning spray accessible to children in the two year old room.	All Staff received training on cleaning supplies & where to store. Shelving / Storage was purchased & hung on wall to store supplies for cleaning	7/15/25	
6 251.06(4)(j)2. Fire Alarms & Smoke Detectors - Maintenance Description: The smoke detector in the school-age room was not in proper working order.	Smoke Detectors all work. long life Batteries were purchased for all smoke detectors	6/19/25	

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7	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: The intake under two forms were not updated every three months in the infant room.	Intake Forms were updated all Dates must be added for Every Entry.	8/29/25	
8	251.09(1)(d) Infant & Toddler - Assignment To Room & Caregiver Description: Intake under two forms were not in the room in the infant room.	Intake Form Box is located in Infant Room. All Staff were notified.	7/15/25	

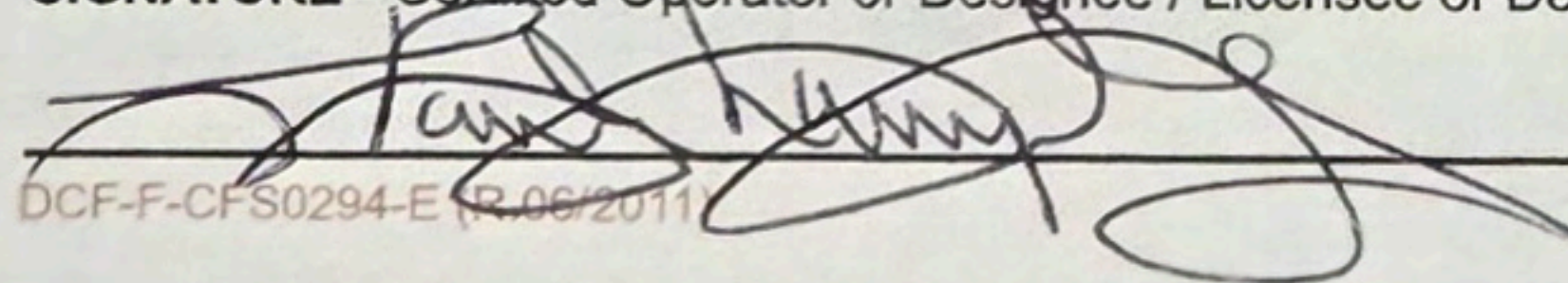
NAME - Agency Worker

Joel Marquez

Date Issued

6/26/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

7/9/25