

Date Correction Plan Due 2/11/2026	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	1/22/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: Children 2,3, and 4 did not have documentation of current immunizations on file.	Parents will be contacted at designated times to provide updated information to ensure compliance.	1/26/26
2	251.06(9)(d)2.a. Food Storage - Dry Food Description: There was cereal that was not stored in a zip-type food grade container.	All Cereal has been placed in plastic containers and/or ziplock bags to ensure compliance. Extra containers are available as needed. Cases of ziplock bags purchased.	2/2/26

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3	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: The intake under two forms in the infant room were not updated every three months. Repeat violation: Previously cited on 6/18/2025	Intake Forms have been completed & are flagged on google calendar to complete every three months. Staff have received training.	3/6/26
4	251.09(1)(j) Infant & Toddler - Crib Mattresses & Coverings Description: The pack-n-play had a mattress that was not original.	Mattresses were discarded & sheets placed on pack & play mattresses.	1/23/2026

NAME - Agency Worker
Joel Marquez

Date Issued
1/28/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

2/11/26