DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 1/28/2026	**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 Kiddie Oasis		**Provider Number / Facility ID Number** 4000590654 / 002 - 2008570
Address - Facility (Street, City, State, Zip Code) 2115-2117 W North Ave Milwaukee WI 532051133	**Telephone Number** 262-389-2690	**Date - Regulation Visit** 1/13/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. **Child Record - Health History** Description: The special medical condition section was incomplete for Child #4 on the Health History and Emergency Care plan form.	I contacted mom. she corrected her error. 1/14/26	1/14/26	1/20/26
2	251.04(6)(a)8.a. **Child Record - Physical Exam - Under 2** Description: Child #4 did not have documentation of a physical examination on file for review.	Mom will have it in by monday 1/19/2026	1/19/26	1/20/26

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6	251.06(2)(d) **Access To Materials Potentially Harmful To Children** Description: A container of disinfectant wipes marked 'keep out of reach of children' was observed on a bookshelf in the infant/toddler room that was accessible to children. An open box of Hefty plastic trash bags, presenting a choking hazard, was observed in an unlocked cabinet under the sink in the infant/toddler room.	Container removed. I spoke with staff. I am having locks installed on cabinet 1/15/26	1/15/26	1/20/26
7	251.06(9)(c)1. **Safe Food** Description: A ziplock bag containing frozen french fries was observed in the kitchen refrigerator that was not labeled/dated as to when opened.	Dated 1/13/26	1/13/26	1/20/24
8	251.07(4)(e) **Naps Or Rest Periods - Bedding Maintenance, Storage, Cleanliness** Description: Stacks of cots were observed stored in the hallway that were not covered to maintain cleanliness.	I purchased a sheet to cover 1/13/26	1/13/26	1/20/26

NAME - Agency Worker
Laura Taylor, Joel Marquez

Date Issued
1/14/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
1/14/26