

Date Correction Plan Due 4/30/2025	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		
Infants 2 Toddlers Child Care		0000591030 / 001 - 2006199		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
7500 N 38Th St Milwaukee WI 532091905		262-510-4576	4/10/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Staff A did not have documentation of current training in CPR/AED completed via an approved training.	-Staff A will complete CPR/AED training by approved provider every 2 years before expiration	5/14/25 5/14/25	
2	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Staff A's training in child abuse & neglect laws, identification, and reporting was expired.	-Staff A will complete Child Abuse & Neglect every 2 years before it expires	4/10/25	

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Address - Facility (Street, City, State, Zip Code) 7500 N 38Th St Milwaukee WI 532091905		Telephone Number 262-510-4576	Date - Regulation Visit 4/10/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	250.07(7)(a) Pets & Animals - Health & Immunization Description: The rabies vaccine for the dog on the premises was expired.	-Providen will have rabies vaccine for dog and papers completed before expiration date	5/15/25 5/15/25

NAME - Agency Worker
Cindy Matuszak

Date Issued
4/14/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

4/14/25