DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 5/1/2026	**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		**Provider Number / Facility ID Number**	
Key To My Heart		1000593321 / 001 - 2008361	
Address - Facility (Street, City, State, Zip Code) 6633 N 78Th St Milwaukee WI 532235625	**Telephone Number** 414-628-1575	**Date - Regulation Visit** 4/14/2026	

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	250.04(6)(b) **Current, Accurate Daily Attendance Record** Description: Attendance was not accurate at the time of the visit. The child that was present was signed in on the wrong date. This was corrected during the monitoring visit. The attendance did not include dates of birth of children. This was corrected during the visit.	moving forward i will be sure to sign children in and out on the correct date with the correct time and include date of births.	4/15/26	
2	250.06(2)(c) **Access To Materials Potentially Harmful To Children** Description: There were scissors and an inhaler located in the living room accessible to children. Repeat violation: Previously cited on 12/1/2025	The scissors have been removed and stored in a locked drawer.	4/15/26	

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3	250.07(6)(f)3. **Medication - Storage** Description: An inhaler was located in the living room, accessible to children and not stored properly.	The inhaler has been removed and returned back to Parent	4/15/26	

NAME - Agency Worker
Mindi Sabljak

Date Issued
4/17/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Shemere Fenton

Date Signed
4/20/26