DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/12/2026		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
Crayons Tots And Blocks Childcare Llc	6000592056 / 001 - 2007282

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
6045 N 112Th St Milwaukee WI 532251201	414-688-1268	10/15/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.e. **Child Record - Enrollment Information - Other Emergency Contact** Description: The files for Child 1 and Child 2 lacked documentation of an emergency contact.	address for emergency Contacts for child 1 & 2 was documented.	10/15/26	
2	250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: The file for Child 2 lacked documentation of immunization history compliance upon review.	immunization history for child 2 was placed infile	10/15/26	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	250.05(2)(e)1. **Staff File - Registry Certificate** Description: The file for Staff A lacked documentation of a registry certificate upon licensing review.	Registry Certificate will Be placed in file once the registry is done processing information	1/4/27	
4	250.05(4)(c)4. **Continuing Education - Documentation Of 12 Month Period** Description: Staff lacked documentation of continuing education hours over a 12 month period.	documentation was placed in staffs files.	11/4/26	

NAME - Agency Worker
Kayla Sands

Date Issued
10/28/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Shonica Mcgee

Date Signed
11/2/26