

Date Correction Plan Due  
6/1/2024

## 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.

| <b>Name - Certified Operator / Licensed Center</b><br>Crayons 2 Careers Cclc                           |                                                                                                                                                                                                                                                                                        | <b>Provider Number / Facility ID Number</b><br>9000589829 / 002 - 2006872                            |                                             |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>3900 W Burleigh St Milwaukee WI 532101816 |                                                                                                                                                                                                                                                                                        | <b>Telephone Number</b><br>414-207-0551                                                              | <b>Date - Regulation Visit</b><br>5/17/2024 |
|                                                                                                        | <b>Rule/Statute Number<br/>Noncompliance Statement</b>                                                                                                                                                                                                                                 | <b>Correction Plan</b>                                                                               | <b>Expected Completion Date</b>             |
| 1                                                                                                      | 251.04(6)(b)<br><b>Current, Accurate Daily Attendance Record</b><br><br>Description: The attendance was not accurate at the time of the visit. 4 children were present, while 5 children were written on the attendance record (one child was not signed out when leaving for school). | Make sure to remind Parents to log each Child in and out.                                            | 5/21/24                                     |
| 2                                                                                                      | 251.06(9)(d)2.a.<br><b>Food Storage - Dry Food</b><br><br>Description: Open boxes of cereal and other dry goods were observed in the kitchen and not stored in a metal, glass or food grade plastic container with a tight-fitting cover or zip type bag.                              | all Food that open will be labeled and dated and whatever items that need to be in a Zip bag as well | 5/21/24                                     |



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|   | Rule/Statute Number<br>Noncompliance Statement                                                                                                                                                                                              | Correction Plan                                                                                            | Expected<br>Completion Date | Verification<br>Date |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------|
|   |                                                                                                                                                                                                                                             |                                                                                                            |                             |                      |
| 3 | 251.06(9)(f)3.<br><b>Food - Leftover Prepared Food</b><br><br>Description: Leftover prepared food was observed in the refrigerator and was not dated.                                                                                       | I will be labeling and putting dates on open items all items that need to be stored correctly. and dated   | 5/21/24                     |                      |
| 4 | 251.07(4)(e)<br><b>Naps Or Rest Periods - Bedding Maintenance, Storage, Cleanliness</b><br><br>Description: The cots were not stored in a sanitary manner, in that there was not covering to protect exposure when stored in the classroom. | Moving forward I will store Cots back where I normally stored them at. in a protected area.                | 5/21/24                     |                      |
| 5 | 251.07(6)(g)6.<br><b>Use Of Disposable Gloves</b><br><br>Description: There were no disposable gloves available for use.                                                                                                                    | I have Gloves and now stored in Storage Closet.                                                            | 5/21/24                     |                      |
| 6 | 251.09(1)(b)<br><b>Infant &amp; Toddler - Location &amp; Sharing Intake Information</b><br><br>Description: The Intakes for children under age 2 years was not stored in the classroom where the child was being cared for.                 | Remember to keep all intake 2 and under forms in room child will be at they are now in aka they need to be | 5/21/24                     |                      |



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Date**

**Date Issued**  
5/21/2024

**NAME - Agency Worker**  
Jennifer Brees

**Date Signed**

5-21-24

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*Crystal Monro*