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
9/11/2026		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.

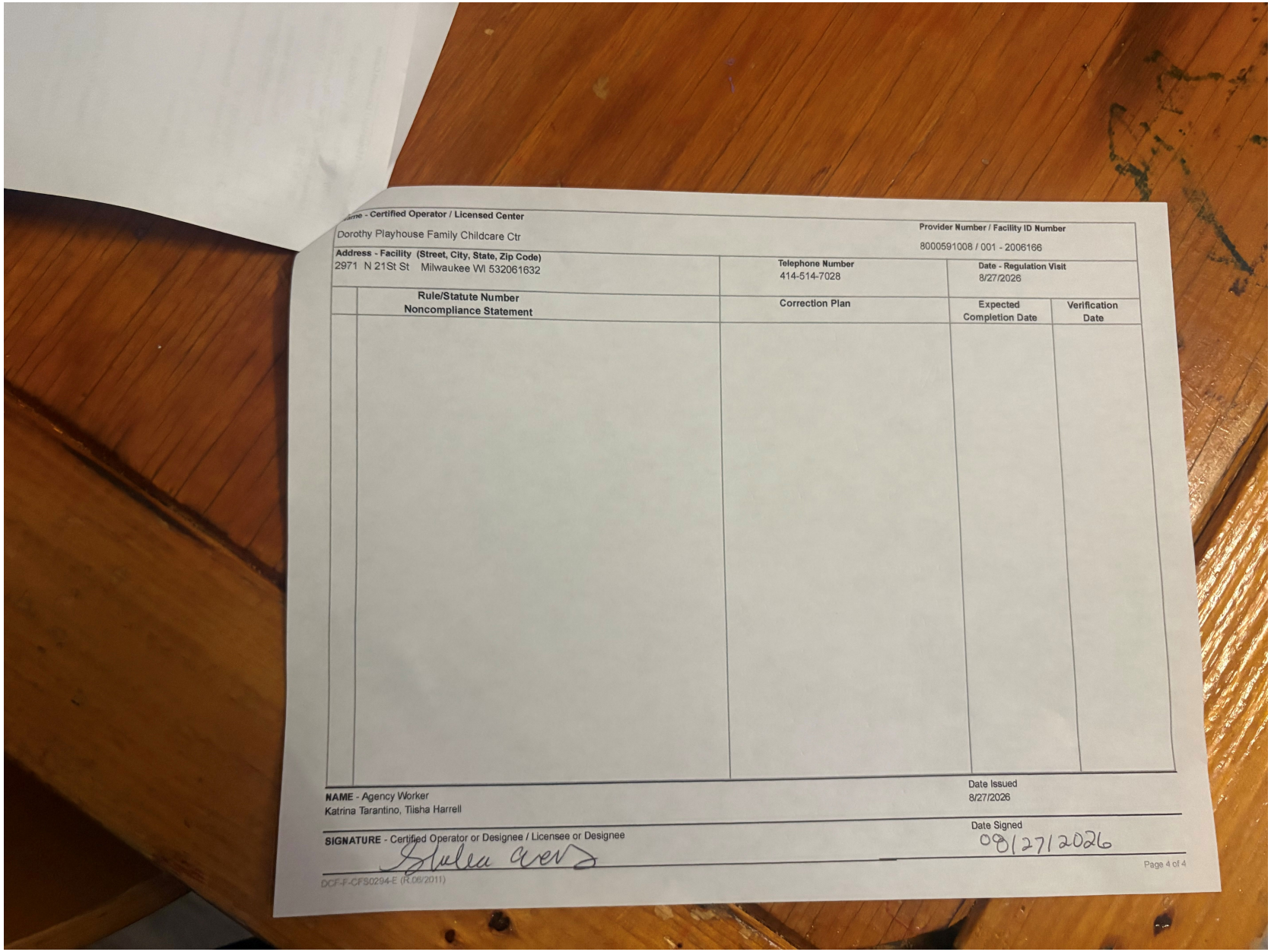
Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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
Dorothy Playhouse Family Childcare Ctr	8000591008 / 001 - 2006166

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
2971 N 21St St Milwaukee WI 532061632	414-514-7028	8/27/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.b. **Child Record - Enrollment Information - Parent's Names** Description: Child #1, #2, and #3□s enrollment forms were missing a name of the second parent/guardian.	Parents of child 1, 2, 3 refilled out the enrollment forms and put a parent on the form. I will recheck and double check behind each parent.	8/31/26	
2	250.04(6)(a)1.e. **Child Record - Enrollment Information - Other Emergency Contact** Description: No emergency contact was listed for Child #2.	Parent of child 2 refilled it out and put someone on emergency contact instead of putting N/A. I will double check every time I check this.	8/31/26	

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3	250.04(6)(a)1.g **Child Record - Enrollment Information - Authorized Pickup** Description: The name of the child□s emergency contact for Child #2 was missing.	Parent child 2 refilled out the emergency contact instead of putting N/A. I will check behind each Parent and make sure they add somebody.	8/31/26	
4	250.06(2)(a) **Electrical Or Hot Surface Protection** Description: There were a few outlets observed throughout the center that were not protected with a guard.	all protected guard was place in outlets and will be after each use.	8/27/26	
5	250.06(2)(e) **Potential Source Of Harm On Premises** Description: Nightshade was present in the outdoor play space. There was a cracked plastic slide in the outdoor play space; the cracked plastic had sharp edges. A step leading into the outdoor play space was wobbly. Repeat violation: Previously cited on 10/7/2025	neighbor next door remove nightshade that was close by my fence and I will be checking more often. I remove the slide and will remove any toys that have cracks at throw away instead of fixing it. I add a extra nail to keep it from being wobbly	8/27/26	
6	250.06(2)(m) **Premises - Condition & Repair** Description: There was a cracked outlet plate in the infant room.	I am going to make sure I check the outlet plate after each use even the smallest crack I will get replace.	8/31/26	



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NAME - Agency Worker
Katrina Tarantino, Tiisha Harrell

Date Issued
8/27/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
08/27/2026

DCF-F-CFS0294-E (R.06/2011)