DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due	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
Crescent Learning Center	7000584747 / 002 - 1015838

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
801 W Layton Ave Milwaukee WI 532212426	414-464-2925	10/2/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(2)(g)1. **Certificate Of Insurance - Dates Of Coverage** Description: Current liability insurance is not on file with DCF. Expired 8/26/26.	Current liability insurance included with this	10/9/26	
2	251.04(6)(a) **Child Record - Maintenance & Availability** Description: No access to child files. Director and Assistant Director were at a WECA conference and forgot to leave the keys.	N/A		

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Crescent Learning Center		7000584747 / 002 - 1015838	
Address - Facility (Street, City, State, Zip Code) 801 W Layton Ave Milwaukee WI 532212426	**Telephone Number** 414-464-2925	**Date - Regulation Visit** 10/2/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(2)(a) **Staff Record - Maintenance & Availability** Description: The staff files were not available for review at the time of licensing visit. The Director and Assistant Director were at a WECA conference and forgot to leave the keys to the files.	Sorry about that!		
4	251.06(9)(d)2.b. **Food Storage - Distance Above Floor** Description: There were fresh mangos in a box that were directly stored on the floor in the pantry. Food should be stored high enough above the floor to provide for air circulation and to facilitate cleaning.	The box of mangos were misplaced and on the floor the cook immediately took them off the floor & put them on the shelf	10/2/26	

NAME - Agency Worker
Jennifer Mischock

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

INSTRUCTIONS FOR COMPLETING THE CORRECTION PLAN SECTION OF THE NONCOMPLIANCE STATEMENT AND CORRECTION PLAN (DCF-F-CFS294)

I have attached the Noncompliance Statement and Correction Plan (DCF-F-CFS294) dated . Please complete this form as follows:

1. In the column titled "Correction Plan," indicate how you intend to correct each noncompliance listed on the form and outline the steps you will take to prevent future violation of the same rule. If you need more space than is provided on the form, attach additional pages and identify the item number to which the correction plan is related. Because completed and approved correction plans will be scanned and linked to the Regulated Child Care and YoungStar Public Search internet site, which shows each provider's violations, please note the following when writing your correction plan:
   - Do not include confidential information, including the names of children and staff.
   - Write in concise, plain English.
   - Be specific when describing what you have done or intend to do to correct each violation. Non-specific statements such as "It will be fixed", "Done", "Will do", "Don't agree" or "This won't happen again" do not provide the reader with any understanding of how the violation has been corrected or how you plan to prevent the violation from occurring again.
   - Be objective, factual and descriptive. The plan should not include derogatory comments, profanity or subjective observations, such as "The licensing specialist doesn't like me."

2. For each noncompliance, enter the date (month, day, year) by which you expect the correction plan to be completed.

3. Sign and date the form. Retain a copy for your records.

4. **Return the completed and signed form to the department by the due date that appears at the top left of the form via:**
   - **Email:** jennifer.mischock@wisconsin.gov **or**
   - **Fax:** (262) 446-7991 **or**
   - **Mail:** DEPARTMENT OF CHILDREN AND FAMILIES
     BUREAU OF EARLY CARE REGULATION
     SOUTHEASTERN REGION
     635 N 26th ST

     MILWAUKEE, WI 53233

If the correction plan and the completion dates are acceptable, the form will be linked to the Regulated Child Care and YoungStar Public Search internet site. If the correction plan or the expected completion dates are not acceptable, you will be contacted in writing or by telephone.

You are required to post a copy of the Noncompliance Statement and Correction Plan (DCF-F-CFS294) in a conspicuous area near the license so that it is visible to parents. This copy must remain posted until all noncompliances have been verified as corrected and the next DCF-F-CFS294 or DCF-F-CFS785 (Compliance Statement) has been issued. Note: If applicable, do not post the Staff and Child Identification Key. The information on the key is confidential and is meant for your reference only.

Please take a few minutes to complete the Department of Children and Families (DCF) customer satisfaction survey so that you can tell us about your experience. The responses we receive to the survey will be compiled and reviewed by DCF staff to help us improve our services to child care providers. The survey takes approximately 5 minutes to complete. It is voluntary and anonymous, and there is no penalty for not responding. DCF staff will not be able to tell whether or not you responded to the survey or know what responses you submitted. Please follow this link to provide your feedback: https://www.surveymonkey.com/r/LicenseFeedback. Or, if you don't have internet access, contact your licensing office and request a paper version of the survey and a prepaid reply envelope.

Contact me if you have any questions.

MESA UNDERWRITERS SPECIALTY INSURANCE COMPANY

MESA UNDERWRITERS SPECIALTY INSURANCE COMPANY
6263 NORTH SCOTTSDALE ROAD, SUITE 300
SCOTTSDALE, ARIZONA 85250

COMMERCIAL INSURANCE POLICY

MUSIC and its General Agent Lucid Insurance Group LLC
are pleased to have issued Policy MP002600210009000 to
Crescent Learning Center, LLC

In witness whereof, Mesa Underwriters Speciality Insurance Company has caused this policy to be signed by its President and countersigned on the Declaration page by a duly Authorized Representative of the Company.

Corporate Secretary

President & CEO

MUSIC

COMMON POLICY DECLARATIONS

MESA UNDERWRITERS SPECIALTY INSURANCE COMPANY A Stock Company
40 Wantage Avenue, Branchville, NJ 07890

Policy Number: MP002600210009000 **Previous Policy Number:** _____

☒ **New** ☐ **Renewal** ☐ **Rewrite**

Policy Period: From 08/26/2026 To 08/26/2027 at **12:01 A.M.** Standard Time at your mailing address shown below.

Named Insured:
Crescent Learning Center, LLC

DBA:

Mailing Address:
801 W LAYTON AVE

MILWAUKEE WI 53221 2426

Agent and Mailing Address: **Agent Number:** 26002
26002-Lucid Insurance Group LLC

This insurance contract is with an insurer which has not obtained a certificate of authority to transact a regular insurance business in the state of Wisconsin, and is issued and delivered as a surplus line coverage pursuant to s. 618.41 of the Wisconsin Statutes. Section 618.43 (1), Wisconsin Statutes, requires payment by the policyholder of 3% tax on gross premium.

Tax State: WI **State Control Number (NJ & PA):**

Surplus Lines Producer Name: **Surplus Lines Producer License Number:**

Form of Business
☐ Individual ☐ Joint Venture ☐ Partnership ☒ Limited Liability Company ☐ Corporation
☐ Organization (other): _____

Business Description:
Day Care Centers - Other than not-for-profit only

Select Coverage Part (for which insurance is being afforded)

☒	**Commercial General Liability**	$	2,500.00
☐	**Liquor Liability**	$	
☐	**Owners & Contractors Protective**	$	
☒	**Commercial Property**	$	250.00
☐	**Commercial Inland Marine**	$	
☐	**Commercial Crime**	$	
☐	**Farm & Ranch**	$	
☐	**Auto Dealers**	$	
☐	**Other** (Describe)	$	
☐	**TRIA**	$	

Policy Taxes and Fees

Surplus Lines	$105.00
Inspection Fee	$500.00
Policy Fee	$250.00

Total Advance Premium	$	2,750.00
Total Taxes and Fees	$	4,855.00
Total	$	7,605.00

Premiums Shown are payable at inception or as indicated on the individual Coverage Declarations.

Form(s) and Endorsement(s), including edition dates, made a part of this policy at the time of issue: See Schedule of Forms

Retail Agent Number:

By: _____
Authorized Agent
Date 08/13/2026

GENERAL LIABILITY Coverage Part Declarations

MESA UNDERWRITERS SPECIALTY INSURANCE COMPANY A Stock Company
40 Wantage Avenue, Branchville, NJ 07890

Policy Number: MP002600210009000
Named Insured: Crescent Learning Center, LLC
DBA:
Effective Date: 08/26/2026

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products / Completed Operations	$ 2,000,000
Products / Completed Operations Aggregate Limit	$ Included
Personal and Advertising Injury Limit	$ 1,000,000
Each Occurrence Limit	$ 1,000,000
Damage To Premises Rented to You Limit (Any 1 Premises)	$ 100,000
Medical Expense Limit (Any 1 Person)	$ 5,000

Location(s) Of All Premises you Own, Rent or Occupy, Classification & Premium Provided

Code No.	Classification Description	Premium Basis / Exposure*	Rate: Premises / Operations	Rate: Products/ Comp Ops	Advanced Premium: Premises / Operations	Advanced Premium: Products/ CompOps
Loc. No.	Street Address		City		State	Zip
001)	801 W LAYTON AVE		MILWAUKEE		WI	53221
41715	Day Care Centers - Other than not-for-profit t 94 only		25.2900	Included	$2,377	Included

- ☐ Abuse and Molestation Limited Coverage
- ☐ Assault and Battery Limited Coverage
- ☐ Additional Insured(s)
- ☐ Employee Benefit Liability Coverage
- ☐ Liability Enhancement Coverage
- ☐ Waiver of Subrogation Coverage
- ☐ Lost Key Coverage
- ☐ Limited Pollution Coverage
- ☐ Earth Movement Coverage
- ☐ Misc Professional Liability Coverage
- ☐ Swimming Pools - Dwelling Coverage
- ☐ Other:
- ☐ Increased Limits
- ☐ Hired Automobile
- ☐ Non-Owner Automobile
- ☐ Stop Gap
- ☐ Swimming Pool Pop-up Coverage
- ☐ Primary & Non Contributory Coverage
- ☐ Timber Overcut Coverage
- ☐ Limited Pollution Lawn Care Coverage
- ☐ Ohio Pesticides Coverage
- ☐ Alarm Systems Cont E&O Coverage
- ☐ Contractors Liability Bundle

*Premium Basis Types: **a - Area** (per 1,000 Square feet of area) **c - Cost** (per $1,000 Total Cost) **m - Admissions** (per 1,000 Admissions) **p - Payroll** (per $1,000 of Payroll) **s - Sales** (per $1,000 Gross Sales) **t - Total** (per each) **u - Units** (per Unit)

Total Annual Premium: $ 2,500 MP

Forms/Endorsements Applicable See Schedule of Forms and Endorsements

This Coverage Part consists of this Declarations Form, the Common Policy Conditions, the Commercial General Liability Conditions, the Coverage Form(s), and the Coverage Endorsement(s) indicated as applicable.