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
3/18/2026		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
Virginia's Legacy Childcare Llc	6000589376 / 001 - 2003377

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
5840 N 121St St Milwaukee WI 532252139	414-353-6246	2/24/2026

	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: Child 2□s file does not contain emergency contact information. Repeat violation: Previously cited on 4/17/2025	licensee will ensure that child records are in file. All records enrollment & Emergency contact information.	4/1/2026	
2	250.04(6)(a)4.a. **Child Record - Physical Exam - Under 2** Description: Child 2 does not have a physical on file and has been enrolled for more than 3 months. Repeat violation: Previously cited on 4/17/2025	Licensee will ensure Physical exam will be on file within 3 months.	4/1/2026	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.04(6)(a)5. **Child Record - Consent For Emergency Medical Treatment** Description: Child 2□s enrollment form is not marked yes or no for emergency medical care/treatment.	licensee will ensure that Emergency medical treatment will be marked yes or no.	3/27/2026	
4	250.05(4)(c)1. **Continuing Education - Requirement & Training Topics** Description: Staff A does not have 15 hours of continuing education for the last 12 months.	licensee will ensure that Continuing Education & training has the hours needed for continuing Education a yr.	6/15/2026	
5	250.06(2)(e) **Potential Source Of Harm On Premises** Description: There is a loose cord hanging from a laptop that is placed on the mantel in the living room. Loose cords are a strangulation hazard and if a child pulled on the cord that laptop would fall on the child. Repeat violation: Previously cited on 4/17/2025, 5/6/2024	licensee will ensure that loose cords will not be hanging from a laptop in livingroom.	2/24/2026	

NAME - Agency Worker
Sara Cooney, Kristin Lange

Date Issued
3/4/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
3/16/2026