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
8/19/2026		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	
Dreams Come True Child Care		8000591288 / 001 - 2006456	
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**	
3122 N 35Th St Milwaukee WI 532163706	414-629-2251	8/4/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m.f. **Child Record - Health History - Medical Condition Symptoms** Description: Child #3 had an incomplete health history; the form indicated the child has allergies but the steps the provider should follow was not included.	Make sure to check My Files to make sure everything is up to date and the parent is Filling out everything	8/17/2026	
2	250.04(6)(a)4.a. **Child Record - Physical Exam - Under 2** Description: Child #2 did not have an updated health report; the form on file was dated 3/11/25.	Keep all My Files up to date Make it a goal to go thrugh the paperwork at least every 2 weeks	8-19-2026	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	250.04(6)(a)4.b. **Child Record - Physical Exam - Over 2, Under 5** Description: Child #1 did not have an updated health report; the report on file was dated 7/18/24.	Make sure to check my Files to make sure everything up to date	8-19-2026	
4	250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: Staff A did not have a current Child Abuse & Neglect certificate on file.	Staff will Make sure all there Certificate are up to date	8-4-2026	
5	250.06(2)(e) **Potential Source Of Harm On Premises** Description: There was nightshade, a poisonous plant, present in the outdoor play space. Included in a warning letter dated 7/16/25. Repeat violation: Previously cited on 7/7/2025, 3/24/2025	I will keep the Plant cut down and Make sure there not on the gate	8-4-2026	
6	250.06(3)(b) **Emergency Plans - Practice** Description: Fire and tornado drills were not practiced in June or July 2026.	I will keep track of my monthly Fire and tornado drills practiced by reminded myself on a calender that there due	8-4-2026	

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7	250.06(9)(d) **Food Storage, Temperatures** Description: The refrigerator temperature was observed at 50 degrees Fahrenheit.	I will put the refrigerter down to Make sure the degrees is right	8-4-2026	
8	250.07(3)(f) **Furnishings - Safe, Durable** Description: A cubby organizer with children□s toys was wobbly.	I have removed the toy organzer and I will replace with a new one	8-19-2026	
9	250.07(6)(b)2. **Medical Log Book - Pages And Entries** Description: The medical log book contained several pages that had several skipped lines. Repeat violation: Previously cited on 7/7/2025	I will remember to not skip lines and make sure my last entry is where I start a new one at.	8-4-2026	

NAME *- Agency Worker*
Katrina Tarantino, April Lynch

Date Issued
8/5/2026

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

Date Signed
8-17-2026