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
3/4/2026		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	
Lee Lee's Playland Childcare		3000589933 / 001 - 2005570	
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**	
4414 W Melvina St Milwaukee WI 532162435	414-552-7671	2/18/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(2)(h) **License Posted & Visible** Description: The license was not posted in a location where parents can see it during the hours of operation, during the monitoring visit.	I put my parent and license board in the front by entryway	2-25-26	
2	250.04(6)(a)1.b. **Child Record - Enrollment Information - Parent's Names** Description: Documentation of full names of the child's parents was not observed for Child 1, Child 2 and Child 3.	I had the parents put the other parent names on the enrollment form on 2-18-26	2-18-26	

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3 250.04(6)(a)1m.e. **Child Record - Health History - Medical Conditions** Description: Documentation of complete medical conditions for Child 3 was not observed on the Health History Form.	Thrs was Corrected on 2-18-26 By the Childs parent he Check the box on the Health report	2-18-26	
4 250.04(6)(a)2. **Child Record - Field Trip Permission** Description: Documentation of written authorization from a parent indicating that the child has permission to participate in walking and transported field trips was observed for Child 3.	This was Corrected on 2-20-26. I had the parents make the Necessary changes on Kids paper work	2-20-26	
5 250.05(3)(e)1. **Provider Training - Obtain Cpr Certificate** Description: Documentation of current CPR certification from an approved provider was not observed for Staff A.	I have obtain the Correct Cpr Certitifaten that was needed	3-3-2026	

NAME - Agency Worker
Tiisha Harrell, Crescenta Sabree

Date Issued
2/18/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee)
Carmen Thomas

Date Signed
3-3-2026

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