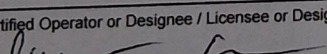


Date Correction Plan Due 10/14/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and 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 Manifesting A Legacy		Provider Number / Facility ID Number 0000590660 / 001 - 2005782	
Address - Facility (Street, City, State, Zip Code) 2127 N 24Th Pl Milwaukee WI 532051018		Telephone Number 414-899-1692	Date - Regulation Visit 9/9/2025
#	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	250.04(6)(a)1m. Child Record - Health History Description: Health history information was incomplete for Child #2. Repeat violation: Previously cited on 3/19/2025, 9/27/2023	I will make an example packet of all required paperwork so I can cross reference before filing away	10/6/25
2	250.09(3)(b) Infant & Toddler - Food & Formula Brought From Home Description: A can of formula brought from home was observed without a label that contained the child's name and date.	All infant & toddler items will be labeled before it is stored away. A marker will be kept in the area	10/6/25

NAME - Agency Worker Crescenta Sabree, Tiisha Harrell	Date Issued 9/9/2025
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 10/6/25