Date Correction Plan Due 11/25/2025	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
Pieces 2 The Puzzle Cc And Lrng Ctr Llc	5000593525 / 001 - 2008533

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
3508 W North Ave Milwaukee WI 532081414	414-484-4020	11/17/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. **Child Record - Immunization History** Description: Child 2 & 4 and on 2nd form child 1 & 2 did not have immunization records available for review in file	Was unaware school age children needed immunization records on file. Both records have been obtained and added to child 2 & 4 file. A immunization record will be collected for each child even over 4 when enrolled	11/18/2025	
2	251.07(5)(a)9m. **Special Diets - Food Allergy** Description: Children in care food allergies were not listed for working staff knowledge	Allergie was listed in Bright Wheel but not posted in classrooms. All Allergie forms have been updated in all classrooms and moving forward will be kept updated at all times.	11/18/2025	

NAME - Agency Worker
Tiarra Trammell

Date Issued
11/18/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
[signature]

Date Signed
11/18/2025