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
4/30/2026		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
Holistic Child Development Center		3000593663 / 002 - 2008369
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
2433 W Roosevelt Dr Milwaukee WI 532096640	414-544-4092	4/22/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. **Child Record - Enrollment Information** Description: Child 1,2,6 & 7 did not have an emergency contact listed on enrollment form Child1,2,6, & 7 did not have physician information listed on enrollment form	Emergency contact has been listed for all Children. Physician information will be updated and listed for all Children.	4/28 4/28	
2	251.05(2)(a) **Staff Record - Maintenance & Availability** Description: Director of childcare center did not have access to staff files	Copies of all staff files will be given to Childcare Director.	5/1	

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3	251.055(1)(f) **Child Tracking Procedure** Description: Tracking was not implemented or practiced by staff to track all children in care in classrooms	Staff will track all children in care with a daily sign-in and tracking form.	4/27	
4	251.06(10)(dm)1. **Washrooms - Sanitary Conditions** Description: Toilets in girls bathroom was not in sanitary condition	Toilets will be cleaned and staff will ensure they are flushed and kept sanitized throughout the day.	4/27	
5	251.06(3)(b)4. **Emergencies - Record Of Fire / Tornado Drills** Description: Written record of tornado and fire drills was not accessible to licensing for review	Written record of fire/ tornado drills are kept in the office / admin assist can grant access.	4/28	
6	251.07(1)(a) **Written Program Of Activities** Description: Daily schedule was not posted or accessible to licensing for review	Daily schedules are posted in classrooms.	4/27	

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7	251.07(5)(a)5.a **Menus - Post** Description: Menus were not posted or accessible to licensing for review	Menus are posted in the cafeteria for review.	4/27	

NAME - Agency Worker
Tiarra Trammell

Date Issued
4/23/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Danita Jackson

Date Signed
04/28/2026