

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

Date Correction Plan Due  
6/10/2026

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  
Crawlers Before Walkers  
Provider Number / Facility ID Number  
9000592099 / 001 - 2007303

Address - Facility (Street, City, State, Zip Code)  
3861 N 58Th Blvd Milwaukee WI 532162228  
Telephone Number  
414-551-6322  
Date - Regulation Visit  
5/26/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.05(2)(a) Staff File - Staff Record Form  Description: Documentation of a completed staff record form that included previous work experience and positions held was not observed for Staff A.	Staff File will be completed	06/10/2026	
2 250.05(2)(d)1. Staff File - Physical Examination - Form  Description: Documentation of a physical examination completed within 30 days after the person began working with children was not observed for Staff A.	Physical Exam will be documented and put in the files	06/10/2026	

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Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
250.05(3)(fm) Biennial Training - Child Abuse & Neglect	Description: Documentation of current training in identification, laws and reporting procedures of child abuse and neglect was not observed for Staff A.	Current documentation for the certificate will be completed and added to the file	06/10/2024	

NAME - Agency Worker  
Tisha Harrell, Deborah Kersting

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Date Issued  
5/27/2026

06/10/2024