

**INSTRUCTIONS FOR COMPLETING THE CORRECTION PLAN SECTION OF THE  
NONCOMPLIANCE STATEMENT AND CORRECTION PLAN (DCF-F-CFS294)**

I have attached the Noncompliance Statement and Correction Plan (DCF-F-CFS294) dated . Please complete this form as follows:

1. In the column titled "Correction Plan," indicate how you intend to correct each noncompliance listed on the form and outline the steps you will take to prevent future violation of the same rule. If you need more space than is provided on the form, attach additional pages and identify the item number to which the correction plan is related. Because completed and approved correction plans will be scanned and linked to the Regulated Child Care and YoungStar Public Search internet site, which shows each provider's violations, please note the following when writing your correction plan:
  - Do not include confidential information, including the names of children and staff.
  - Write in concise, plain English.
  - Be specific when describing what you have done or intend to do to correct each violation. Non-specific statements such as "It will be fixed", "Done", "Will do", "Don't agree" or "This won't happen again" do not provide the reader with any understanding of how the violation has been corrected or how you plan to prevent the violation from occurring again.
  - Be objective, factual and descriptive. The plan should not include derogatory comments, profanity or subjective observations, such as "The licensing specialist doesn't like me."
2. For each noncompliance, enter the date (month, day, year) by which you expect the correction plan to be completed.
3. Sign and date the form. Retain a copy for your records.
4. **Return the completed and signed form to the department by the due date that appears at the top left of the form via:**
  - **Email:** Tammy.Saffold@wisconsin.gov or
  - **Fax:** (262) 446-7991 or
  - **Mail:** DEPARTMENT OF CHILDREN AND FAMILIES  
BUREAU OF EARLY CARE REGULATION  
SOUTHEASTERN REGION  
635 N 26th ST

MILWAUKEE, WI 53233

If the correction plan and the completion dates are acceptable, the form will be linked to the Regulated Child Care and YoungStar Public Search internet site. If the correction plan or the expected completion dates are not acceptable, you will be contacted in writing or by telephone.

**You are required to post a copy of the Noncompliance Statement and Correction Plan (DCF-F-CFS294) in a conspicuous area near the license so that it is visible to parents. This copy must remain posted until all noncompliances have been verified as corrected and the next DCF-F-CFS294 or DCF-F-CFS785 (Compliance Statement) has been issued. Note: If applicable, do not post the Staff and Child Identification Key. The information on the key is confidential and is meant for your reference only.**

Please take a few minutes to complete the Department of Children and Families (DCF) customer satisfaction survey so that you can tell us about your experience. The responses we receive to the survey will be compiled and reviewed by DCF staff to help us improve our services to child care providers. The survey takes approximately 5 minutes to complete. It is voluntary and anonymous, and there is no penalty for not responding. DCF staff will not be able to tell whether or not you responded to the survey or know what responses you submitted. Please follow this link to provide your feedback: <https://www.surveymonkey.com/r/LicenseFeedback>. Or, if you don't have internet access, contact your licensing office and request a paper version of the survey and a prepaid reply envelope.

Contact me if you have any questions.

**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 |                                      |
|--|--|--------------------------------------|--------------------------------------|
| Cookies Playhouse Lmg Center   |  | 7000589497 / 001 - 2008503           |                                      |
| Address - Facility (Street, City, State, Zip Code)<br>5124 N 41St Milwaukee WI 532095211   |  | Telephone Number<br>414-484-2631     | Date - Regulation Visit<br>3/24/2026 |
| Rule/Statute Number<br>Noncompliance Statement   | Correction Plan  | Expected Completion Date             | Verification Date                    |
| 1<br>250.04(6)(a)1.h<br><b>Child Record - Enrollment Information - Date Of Attendance</b><br><br>Description: ILS was not able to verify the first day of attendance at the center for Child #3 & 4. | We have updated the times on paperwork to match the 1st day of attendance  | 04/16/26                             |                                      |
| 2<br>250.04(6)(a)4.a.<br><b>Child Record - Physical Exam - Under 2</b><br><br>Description: ILS was not able to verify a completed Physical Exam for Child #2 due 90 days after admission.            | The provider will make sure parents are involved with getting documentation from primary physician within the 90 days of admission | 04/16/26                             |                                      |

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| Address - Facility (Street, City, State, Zip Code)  |  | Telephone Number                     | Date - Regulation Visit  |                   |
| 5124 N 41St St Milwaukee WI 532095211   |  | 414-484-2631                         | 3/24/2026                |                   |
| Rule/Statute Number   | Noncompliance Statement  | Correction Plan                      | Expected Completion Date | Verification Date |
| 3<br>250.04(6)(a)4.b.<br><b>Child Record - Physical Exam - Over 2, Under 5</b><br>Description: ILS was not able to verify completed Physical Exams for Child #1 & 3 at least 2 years of age but not 5 years of age. | All documents will be placed in a binder in an organized manner for the next visits and future visits                                | 4/16/26                              |                          |                   |
| 4<br>250.04(6)(e)4m.<br><b>Child Record - Immunization History Compliance</b><br>Description: ILS was not able to verify the Immunization history for Child #3 due 30 school days after admission.                  | All documents will be placed in the binder in an organized manner for the next visit and future visits                               | 4/16/26                              |                          |                   |
| 5<br>250.06(2)(c)<br><b>Access To Materials Potentially Harmful To Children</b><br>Description: ILS observed a bottle of Clorox bleach spray within reach of children on a low shelf in the bathroom.               | The provider will ensure harmful materials will be placed in a lock cabinet away from kids reach                                     | 4/16/26                              |                          |                   |
| 6<br>250.06(9)(i)<br><b>Meals &amp; Snacks - Records</b><br>Description: ILS was not able to verify meal and snacks served to children available for review by parents through the Bright Wheel App.                | We will utilize the Bright wheel app to show meals, but they is a menu posted on the refrigerator and is sent out to parents monthly | 4/16/26                              |                          |                   |

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|--|---|--|--------------------------|
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| Address - Facility (Street, City, State, Zip Code) |   | Telephone Number   | Date - Regulation Visit  |
| 5124 N 41st St Milwaukee WI 532095211              |   | 414-484-2631   | 3/24/2026                |
| Rule/Statute Number                                | Noncompliance Statement   | Correction Plan  | Expected Completion Date |
| Verification Date                                  |   |  |                          |
| 7  | <p>250.09(1)(c)1.<br/> <b>Infant &amp; Toddler - Information For Providing Individualized Care</b><br/>           Description: ILS was not able to verify a completed Under 2 Intake Form completed for Child #2.</p> | <p>The provider will verify all documents to ensure all paperwork (required) is in <del>the</del> a binder organize for the next visit and future visits</p> | 4/16/26                  |
| 8  | <p>250.09(3)(f)<br/> <b>Infant &amp; Toddler - Leftover Milk Or Formula</b><br/>           Description: ILS observed a bottle/cup of milk unmarked in the refrigerator prepared the day prior.</p>                    | <p>The provider will be intentional with pouring out milk right away or <del>at the</del> @ the end of day to stay in compliance</p>                         | 04/16/26                 |

NAME - Agency Worker  
 Tammy Saffold

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee  
*Tammy Saffold*

Date Signed

4/16/26