Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
7/9/2026		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	
Believe In Me Art Learning Center		3000588723 / 001 - 2002635	
Address - Facility (Street, City, State, Zip Code) 2428 N 6Th St Milwaukee WI 532122756	**Telephone Number** 414-304-9065	**Date - Regulation Visit** 6/24/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.e. **Child Record - Enrollment Information - Other Emergency Contact** Description: Emergency contact information for child number 2 was the child care provider. Emergency contact information should be someone other than the provider.	Parent changed the emergency contact to her cousin.	6/28/26	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
2	250.04(6)(a)1m.f. **Child Record - Health History - Medical Condition Symptoms** Description: Child 1 is noted as having a disorder however the triggers that may cause a problem, signs or symptoms for the provider to watch for, steps a provider should follow, when to call a parent regarding symptoms, etc. was incomplete. Child 4 is noted as having a milk allergy on the child health report however the triggers that may cause a problem, signs or symptoms for the provider to watch for, steps a provider should follow, when to call a parent regarding symptoms, etc. was incomplete.	Parent completed the form. Parent completed the form changing the "allergy" to parents preference.	7/1/26 7/1/26	
3	250.06(2)(e) **Potential Source Of Harm On Premises** Description: Several black, large plastic bags were observed accessible to children in the tornado area.	Bags were moved to the far side of the basement.	6/28/26	

NAME - Agency Worker
Dominica Shaw

Date Issued
6/25/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Cryptal Herrera

Date Signed
7/1/2026