

**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**

All For You

Provider Number / Facility ID Number

Address - Facility (Street, City, State, Zip Code)  
512 E Locust St Milwaukee WI 532122528

3000592813 / 001 - 2007926

Telephone Number  
414-388-3767

Date - Regulation Visit  
5/1/2025

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2) <b>Staff File - Maintenance &amp; Availability</b> Description: IL was not able to verify a staff record for 2 individuals working with children (1 was a parent of children in care).	1). complete background check 2). get all staff folders together	5.25.25	
2	250.05(2)(b) <b>Staff File - Background Check Results</b> Description: IL was not able to verify a documented background check had been completed for staff working in infant room and in the preschool area with children along with licensee.	I will have all staff submit background checks right away. Before entering the center	5.6.25	

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3 250.05(4)(a) Staff Orientation - Documentation Description: IL was not able to verify staff orientation process for individuals working with children.	Have staff go through the orientation process. rig w away 3 complete check list	5-9-25 5-12-25	

NAME - Agency Worker  
Tammy Safold

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed