

Date Correction Plan Due
10/17/2025

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. 48.557. 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

Little Bear Lrng Ctr New Berlin Campus

Provider Number / Facility ID Number

6000587386 / 010 - 2006574

Address - Facility (Street, City, State, Zip Code)
17612 W National Ave New Berlin WI 531463727

Telephone Number
262-710-4041

Date - Regulation Visit
10/3/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Documentation of a medical log book review was not observed for 1 room	Medical log books have been reviewed.	10.0.25	
2 251.09(3)(a)2. Infant & Toddler - Food & Formula Brought From Home Description: Two bottles of breastmilk were not labeled with a date. *Corrected at the time of the visit. Repeat violation: Previously cited on 1/19/2024	Spoke with staff on making sure we label & date every bottle	10.0.25	

NAME - Agency Worker
Colleen Hanser

Date Issued
10/3/2025

Signature - Certified Operator or Designee / Licensee or Designee

Date Signed



10.0.25