

**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**  
Little People Paradise Childcare  
Provider Number / Facility ID Number  
6000592326 / 001 - 2007503

**Address - Facility (Street, City, State, Zip Code)**  
4651 N 66Th St Milwaukee WI 532184821  
**Telephone Number**  
414-949-6021  
**Date - Regulation Visit**  
7/9/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 250.04(6)(a)1.f <b>Child Record - Enrollment Information - Medical Contact</b></p> <p>Description: ILS was not able to verify the name, address, and/or telephone number of child #5's physician or medical facility caring for the child.</p>	<p>Mom put the correct information in folder</p>	<p>7-15-2025</p>	<p>7/15/2025</p>
<p>2 250.04(6)(a)1m. <b>Child Record - Health History</b></p> <p>Description: ILS was not able to verify completed Health History information for Child #5.</p>	<p>Mom put the correct information in folder</p>	<p>7-15-2025</p>	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: ILS was not able to verify a Physical Exam on file for Child #1 which was due by 3/31/2025.	Mom updated file	7-15-2025	
4 250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: ILS was not able to verify child #3 Physical Health Report which was due by 7/1/2025.	Mom updated file	7-15-2025	

NAME - Agency Worker  
Tammy Saffold

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed