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| Date Correction Plan Due 5/21/2025 | <h2 style="margin: 0;">NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</h2> | TO FILE A COMPLAINT CALL 262-446-7800 |
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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 | | |
|---|---|--|--------------------------------|-------------------|
| Learning And Literacy Center | | 2000591052 / 001 - 2006217 | | |
| Address - Facility (Street, City, State, Zip Code) | | Telephone Number | Date - Regulation Visit | |
| 5432 W Cold Spring Rd Milwaukee WI 532203130 | | 414-899-8533 | 5/6/2025 | |
| | 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: Child 2 did not have documentation of emergency contacts on file. The emergency contact should be someone other than the parent. | add mother as emergency contact & update email | 5/6/2025 | 5/7/2025 |
| 2 | 250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Child 2 did not have documentation of immunizations on file. | mother was sent correct form. form is sent to child's doctor | 5/6/2025 | 5/7/2025 |

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| 3 | 250.04(6)(a)5. Child Record - Consent For Emergency Medical Treatment Description: Child 1 did not have documentation from the parent of emergency medical treatment consent. | mother chose 'yes' and initialed document | 5/6/2025 | 5/6/2025 |
| 4 | 250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Staff A's documentation of training in child abuse & neglect laws, identification, and reporting was expired. | complete training | 5/6/2025 | 5/7/2025 |

NAME - Agency Worker
Cindy Matuszak

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Issued
5/7/2025

Date Signed
5/7/2025