Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/27/2026		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
The Learning Experience New Berlin		1000594451 / 001 - 2009300
Address - Facility (Street, City, State, Zip Code) 4822 S Forest Point Blvd New Berlin WI 531517422	**Telephone Number** 262-439-8268	**Date - Regulation Visit** 8/11/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(2)(a) **Potential Source Of Harm On Premises** Description: In the Preppers room, a mop was observed on the floor next to the step stool children use to wash their hands. This is a potential tripping hazard.	The mop was moved to a hook keeping it off of the floor where it can be a potential tripping hazard.	8/20/26	
2	251.07(6)(dm)1. **Medical Log Book** Description: The medical log books in Infant A and the Twaddler rooms did not have all pages numbered.	Medical log books have been updated and teachers were trained to number all pages.	2/20/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.09(1)(b) **Infant & Toddler - Location & Sharing Intake Information** Description: An Under 2 Intake form for one child was updated but the updated form was not in the room with the child (Twaddler room).	The intake form was immediatly moved and filed in the classroom.	8/11/24	

NAME - Agency Worker
Laura Taylor, Joel Marquez

Date Issued
8/13/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Jaf Wettnell - Director

Date Signed
8/20/2024