

Date Correction Plan Due 1/26/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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 Let The Children Come Childhood Learning Center		Provider Number / Facility ID Number 1000580531 / 001 - 1009481		
Address - Facility (Street, City, State, Zip Code) 2902 N 36Th St Milwaukee WI 53210		Telephone Number 414-324-0025	Date - Regulation Visit 1/12/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following:</p> <ol style="list-style-type: none"> 1. The Parents' Home And Work Phone Numbers. 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan. 3. The Parents' Signed Consent For Emergency Medical Care. 4. A Name And Number To Call If The Child Requires Emergency Medical Care. <p>Description: The Enrollment and Health History forms were incomplete for children #1 and #3.</p>	<p>The Enrollment and Health History forms for children #1 and #3 have been reviewed with the parents and are now fully completed. Missing information, including required contact numbers, health history details, and signed emergency medical consent, has been obtained and placed in each child's file.</p>	1/12/2	

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2	<p>202.08(5)(i) The Certified Child Care Operator Shall Keep Current And Accurate Written Records Of The Daily Hours Of Attendance Of Each Child In Care, Including The Actual Arrival And Departure Time Times For Each Child. If Children Are Transported To Or From The Premises Or School By The Operator Or Another Provider On Behalf Of The Operator, The Daily Attendance Record Shall Include The Actual Time The Child Was Picked Up Or Dropped Off.</p> <p>Description: A review of attendance records showed that a child was not signed out on 12/29/25.</p>	<p>The attendance record for 12/29/25 was reviewed, and the child's departure time was verified with the parent and documented on the attendance record. Attendance records were reviewed to ensure all other dates were complete.</p> <p>Going forward, parents will be reminded to sign their child in and out daily with the actual arrival and departure times. The provider will review attendance records daily to ensure all children are properly signed in and out before closing. Any missing information will be addressed the same day.</p>	1/12/26

NAME - Agency Worker
Deborah Kersting

Date Issued
1/12/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Terise Linyard

Date Signed
1/20/26