SIGNATURE -Certified Operator or Designee / Licensee or Designee	NAME - Agency Worker Kristin Keck, Maureen Slatten	Repeat violation: Previously cited on 12/14/2022	Description: An electrical plug outlet on the wall in the front/middle room was missing a child safety guard cover. **This was corrected during the visit**	4 251.06(2)(b) Electrical Or Hot Surface Protection		Description: In the outdoor play space, equipment over 4 feet did not have at least 9 inches of energy absorbing material.	3 251.06(11)(b)5. Outdoor Play Space - Energy-Absorbing Surfaces	Rule/Statute Number Noncompliance Statement	Address - Facility (Street, City, State, Zip Code) 5225 W Mill Rd Milwaukee Wi 532181305	Name - Certified Operator / Licensed Center
A CONTRACTOR OF SERVICE OF SERVIC		and the start of every	during buisness nours	I will be sure to	to maintain 9".	to get absorbing	I will be sure	Correction Plan	Telephone Number 414-803-1251	600058
	Date Issued		12/1/2024		1/1/2004			Completion Date	Date - Regulation Visit 11/29/2023	Provider Number / Facility ID Number 6000587676 / 001 - 2001079
							Verification		jer	

DCF-F-CFS0294-E (R.06/2011) N Complete the section labeled "Correction Plan" by Indicating the steps that will be taken to address and correct each of the listed noncomplainance(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 and your appeal rights. Name - Cartified Operator / Licensed Center Provider Number / Facility ID Number Address - Facility (Street, City, State, Zip Code) 5225 W Mill Rd Milwaukee WI 532181305 Our Little Love Bugs Daycare 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 260.04(2)(i) and (3)(i), DCF 261.04(2)(i) and (3)(i), DCF 262.41(1)(ii) and (2)(k). Falliure 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. attending the center since April 2023. Description: Child #3 did not have a health report on file and has been Child Record - Physical Exam - Over 2, Under 5 251.04(6)(a)8.b. **Date Correction Plan Due** DEPARTMENT OF CHILDREN AND FAMILIES Division of Early Care and Education within 30 days after the change. Description: Director changes were not reported to the department Report - Change In Administrator Or Center Director 251.04(3)(c) Noncompliance Statement Rule/Statute Number NONCOMPLIANCE STATEMENT AND CORRECTION report any changes I will remember to the Manual . all times files are complete will make Sure Correction Plan 414-803-1251 Telephone Number FUTUTE 6000587676 / 001 - 2001079 1/1/2024 12/13/2023 Completion Date TO FILE A COMPLAINT CALL 262-446-7800 Expected 11/29/2023 Date - Regulation Visit STATE OF WISCONSIN Verification Date

Hello Santana,
Attached is the noncompliance statement and correction plan from my recent visit. Eve also attached a copy of your lic

Please let me know if you have any questions. I would also like to remind you, I need the following things: updated policy, whiche registration, updated delegation of administration, and the fladon test for your family center.

Thanks,

Oristin Reck Johnsling/Certification Specialis 141 NW Barstow Street