

Date Correction Plan Due
5/9/2024

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 Learners Child Dev Center Llc

Provider Number / Facility ID Number

4000591594 / 001 - 2006794

Address - Facility (Street, City, State, Zip Code)
4212 52Nd St Kenosha WI 531443902

Telephone Number
262-748-0568

Date - Regulation Visit
4/25/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(6)(a)6m. Child Record - Immunization History Description: There was no immunization record on file for Child #2.	Child immunization record will be added to Child #2 file.	04-30-24	
2 251.05(2)(a)1. Staff Record - Personal Information Description: Staff record observed incomplete for Staff B and Staff D.	Staff records for staff B and D have been updated to compliance. Both staff B and D files are now complete.	4-25-24	
3 251.05(3)(f)3. Child Care Teacher - Entry-Level Training Description: Staff #4 was observed working in the 2-4 years old classroom without entry level training for a lead teacher.	There will be a lead teacher that meets the entry level training requirements in the 2-4 years old classroom	4-30-24	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
4 251.055(1)(b) Supervision - Teacher Per Group Of Children Description: The childcare worker in the 2-4 year old classroom did not have lead teacher qualifications.	The teacher in the 2-4 years old classroom will work alongside a lead teacher until she finishes the entry level training requirements	04-25-24	
5 251.06(9)(c)1. Safe Food Description: Rotisserie chicken for lunch was observed sitting out on the counter and not stored at a proper temperature.	The Rotisserie chicken was placed in the refrigerator until it was time to serve lunch.	04-25-24	
6 251.06(9)(f)3. Food - Leftover Prepared Food Description: Leftover prepared food stored properly in the refrigerator did not have a label or date.	The leftover food stored in the refrigerator and/or freezer will be label with date and time.	04-25-24	
7 251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: The medication authorization form on file for a child in the infant room was observed incomplete. The medication authorization form was missing start and end dates.	The parent authorization for medication authorization forms will have start and end dates.	04-25-24	

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NAME - Agency Worker

Tameka Thompson, Crescentia Sabree

Date Issued

4/25/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Tameka Thompson

Date Signed

04-25-2024