

Date Correction Plan Due 2/13/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	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 Little Brainiacs Academy Inc		RECEIVED STATE OF WISCONSIN		Provider Number / Facility ID Number 4000592384 / 001 - 2007553	
Address - Facility (Street, City, State, Zip Code) 3532 W North Ave Milwaukee WI 532081414		FEB 11 2025		Telephone Number 414-988-0033	
Address - Facility (Street, City, State, Zip Code) 3532 W North Ave Milwaukee WI 532081414		SOUTHEASTERN REGIONAL OFFICE DCF DECE BECR		Date - Regulation Visit 1/30/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1	251.06(9)(d)1.b. Food Storage - Refrigeration Units Description: The freezer in the kitchen registered at 8 degrees Fahrenheit.	<i>We turned down the Temperature to level 5 and will keep at that temperature going forward.</i>	<i>1/31/25</i>		
2	251.07(4)(e) Naps Or Rest Periods - Bedding Maintenance, Storage, Cleanliness Description: The cots were not completely covered. *This was corrected during the visit.	<i>Staff was organizing cots when licensing arrived and correct correctly before licensing left the building.</i>	<i>1/31/25</i>		

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3	251.08(4)(c)1. Driver Record - Obtain & Review Description: Staff C did not have an driving record completed within the past year; the record on file was dated 1/4/24.	Staff C is waiting to be getting her license corrected now.	2/10/25

NAME - Agency Worker Katrina Tarantino	Date Issued 1/30/2025
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SIGNATURE - Certified Operator or Designee / Licensee or Designee <i>Katrina Tarantino</i>	Date Signed <i>January 31, 2025</i>
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