

Date Correction Plan Due 3/19/2026	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		Provider Number / Facility ID Number	
Little Brainiacs Academy Inc		4000592384 / 001 - 2007553	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
3532 W North Ave Milwaukee WI 532081414		414-988-0033	3/5/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.05(3)(b) Abusive Head Trauma Prevention Training Description: Staff A did not have documentation of a completed AHT training on file.	<i>Staff A has documentation in the file</i>	<i>3/19/26</i>
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff C did not have a current CPR certificate on file.	<i>Staff C has current CPR certificate in the file</i>	<i>3/19/26</i>

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3 251.05(4)(c)9. Continuing Education - Documentation Of 12 Month Period Description: Staff C did not have documentation of continuing education hours for 2025.	Staff C has documentation of continuing education hours in the file.	3/19/26	
4 251.06(9)(c)1. Safe Food Description: There were containers of toddler snacks that were opened on 2/8/26; the label states to use within 5 days of opening. Repeat violation: Previously cited on 4/21/2025	The containers in toddler was throw away and Staff knows to throw away opened food and out date food.	3/19/26	
5 251.08(4)(b) Driver Orientation - Requirement Description: Staff A and Staff C did not have a driver training completed within the last year.	Staff A & Staff C has driver training orientation completed in the file	3/19/26	
6 251.08(4)(c)1. Driver Record - Obtain & Review Description: Staff A and Staff C did not have a driving record completed within the past year. Repeat violation: Previously cited on 1/30/2025	Staff A & Staff C has a driving record completed in the file.	3/19/26	

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Verification
Date

NAME - Agency Worker

Katrina Tarantino

Date Issued

3/5/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Candace Champ

Date Signed

March 20, 2026