

Date Correction Plan Due 12/1/2025	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 Polo's Learning Center		Provider Number / Facility ID Number 0000593130 / 001 - 2008188	
Address - Facility (Street, City, State, Zip Code) 1364 N 42Nd St Milwaukee WI 532082717		Telephone Number 414-324-3625	Date - Regulation Visit 11/21/2025
	<p style="text-align: center;">Rule/Statute Number Noncompliance Statement</p> <p>1 250.04(6)(a)1.e. Child Record - Enrollment Information - Other Emergency Contact</p> <p>Description: Child 1-3 did not have an emergency contact number listed on enrollment form</p>	<p style="text-align: center;">Correction Plan</p> <p style="text-align: center;"><i>HAS BEEN CORRECTED</i></p>	<p style="text-align: center;">Expected Completion Date</p> <p style="text-align: center;"><i>12-1-25</i></p> <p style="text-align: center;">Verification Date</p>
	<p>2 250.05(2)(c) Staff File - Days, Hours Worked</p> <p>Description: Staff hours were not documented or available for review</p>	<p style="text-align: center;"><i>HAS BEEN CORRECTED</i></p>	<p style="text-align: center;"><i>12-1-25</i></p>

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.06(9)(c) Safe Food Description: Milk was observed expired	Correction was corrected	11-21-25	
4	250.09(1)(c)1. Infant & Toddler - Information For Providing Individualized Care Description: Child 2 did not have a complete intake under 2 form complete in file for review	Correction was corrected	11-22-25	
5	250.09(1)(c)4. Infant & Toddler - Soft Materials In Cribs Description: Materials were observed in pack n play	Correction was corrected and taken out	11-22-2025	

NAME - Agency Worker
Tierra Trammell

Date Issued
11/24/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
11-22-2025

Date Correction Plan Due 10/10/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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Address - Facility (Street, City, State, Zip Code) 1364 N 42Nd St Milwaukee WI 532082717		Telephone Number 414-324-3625	Date - Regulation Visit 9/19/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.06(3)(b) Emergency Plans - Practice Description: Fire & Tornado drills were not practiced or documented	Plans was corrected	10-03-25 10-3-25	
2	250.06(4)(a)3. Smoke Detectors - Testing Description: Smoke detector & carbon monoxide detectors were not tested or documented	Plans was corrected	10-03-25 10-3-25	

NAME - Agency Worker
Tiarra Trammell

Date Issued
10/3/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

10-7-25