

**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)(f) 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** Learning Leaders Academy  
**Provider Number / Facility ID Number** 9000591549 / 001 - 2006750

**Address - Facility (Street, City, State, Zip Code)** 4079 N 24Th Pl Milwaukee WI 532096605  
**Telephone Number** 414-255-9087  
**Date - Regulation Visit** 4/24/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)1m.f. <b>Child Record - Health History - Medical Condition Symptoms</b> Description: There was no was no symptoms or triggers for Child #1 and #2 with listed non-food allergies.	I will Review children's files before allowing them to attend	4/26/2024	
2 250.06(9)(c) <b>Safe Food</b> Description: There was chicken thawing in standing water in the sink.	will throw any food in running cool water or in the refrigerator	4/26/2024	
3 250.09(1)(c)1. <b>Infant &amp; Toddler - Information For Providing Individualized Care</b> Description: Intake for under 2 observed incomplete for child #1.	I will make sure children's files are fully completed before allowing them to attend	4/26/2024	

Name - Certified Operator / Licensed Center

Learning Leaders Academy

Address - Facility (Street, City, State, Zip Code)  
4079 N 24Th Pl Milwaukee WI 532096605

Provider Number / Facility ID Number

9000591549 / 001 - 2006750

Telephone Number

414-255-9087

Date - Regulation Visit

4/24/2024

Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected  
Completion Date

Verification  
Date

--	--	--	--

NAME - Agency Worker

Tameka Thompson, Crescenta Sabree

Date Issued

4/24/2024

Date Signed

4/26/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee