

<b>Date Correction Plan Due</b> 9/12/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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)(l) 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.

<b>Name - Certified Operator / Licensed Center</b> Chapman's Little Lovely Ones Llc		<b>Provider Number / Facility ID Number</b> 9000591709 / 001 - 2006921	
<b>Address - Facility (Street, City, State, Zip Code)</b> 1432 N 24Th St Milwaukee WI 532051802		<b>Telephone Number</b> 414-210-3495	<b>Date - Regulation Visit</b> 8/21/2024
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	251.05(2)(a)2. <b>Staff Record - Completed Background Check</b>  Description: Staff D did not have documentation of a completed background check available either via paper or electronically.	Transportation driver Background check was put in place and done & passed	within 1 week
2	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Staff A and B did not have documentation of a health exam completed either one year prior to the center's opening date or within 30 days after the start date.	Physical health report from doctors were scheduled within 2 weeks	2 weeks to be done

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414-210-3495

Date - Regulation Visit  
8/21/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(2)(a) <b>Potential Source Of Harm On Premises</b>  Description: A dismantled climber was observed in the outdoor play space.	Playset was hauled away from back-yard.	within 3 days	
4	251.07(5)(a)5.a. <b>Menus - Post</b>  Description: Menus were not posted.	Menus were created for center and parents	within 1 day	
5	251.07(5)(a)5.b. <b>Menus - Plan</b>  Description: Menus were not planned a week in advance.	Menus were created and sent to parents	within 1 day	
6	251.08(4)(c)1. <b>Driver Record - Obtain &amp; Review</b>  Description: Staff C did not have a driving record completed and reviewed within the previous year.	Staff C report was printed out and placed into file	within 1 day	

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7	251.09(3)(a)2m. <b>Infant &amp; Toddler - Correct Food, Breastmilk, Or Formula</b>  Description: A bottle used with a child in care was not labeled with the child's name.	All bottles are always labeled with child name, however we decided to keep all <sup>extra</sup> bottles with parents	Same day	

**NAME** - Agency Worker  
Cindy Matuszak

Date Issued  
8/28/2024

**SIGNATURE** - Certified Operator or Designee / Licensee or Designee

Date Signed

9/10/2024