DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/21/2026		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)(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
Lucky Little Learners Academy Llc		2000593082 / 001 - 2008148
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
2717 W Atkinson Ave Milwaukee WI 532096117	414-249-3248	4/22/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(2)(L)1.a. **Monitoring Results Posted** Description: Monitoring visit results from the 11.18.2025 visit was not posted.	Results From Visit 11-18-25 is now Posted	5-1-26	
2	251.04(3)(h) **Report - Change In Room Usage** Description: The licensee failed to report a change in room usage.	Moving Foward any Changes in room usage will be reported	5-1-26	

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3	251.04(3)(L) **Report - Construction Or Remodeling** Description: The licensee failed to report remodeling that occurred at the center.	All remodeling changes will be reported moving Foward.	5-1-26	
4	251.06(9)(d)1.c. **Food Storage - Cold Storage Thermometers** Description: The thermometer was observed inaccurate in the refrigerator.	Thermometer is now accurate inside the Refridgerator.	5-1-26	
5	251.06(9)(d)2.a. **Food Storage - Dry Food** Description: A box of cereal was observed open without being stored in bags with zip-type closures or metal, glass or food grade plastic containers with tight-fitting covers and labeled.	All boxes of cereal will be stored inside containers moving Foward	5-1-26	
6	251.09(3)(a)2. **Infant & Toddler - Food & Formula Brought From Home** Description: A container of infant formula did not contain a label that included both the child's name and the date.	All containers of infant formula will include childs name and date.	5-1-26	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date** / **Verification Date**
7	251.09(4)(b) **Infant & Toddler - Sinks In Self-Contained Area** Description: An infant was being cared for in a room that did not contain a sink.	Moving Forward infant will be in their class room or in a room with a sink.	5-1-26

NAME - Agency Worker
Crescenta Sabree, Tiisha Harrell

Date Issued
8/6/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Meagan Johnson

Date Signed
8-21-26