Date Correction Plan Due 10/5/2026	**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)(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 Steps Learning Center Llc		8000594828 / 001 - 2009630	
Address - Facility (Street, City, State, Zip Code) 6833 24Th Ave Kenosha WI 531434716	**Telephone Number** 262-496-2056	**Date - Regulation Visit** 9/17/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)2. **Child Record - Emergency Medical Consent** Description: The emergency medical care checkbox was not marked on the enrollment form for child #2.	Goin forward, we will Personally make sure that all required information is completed recorded correctly.	09/17/2026 11:15 am	9-22-26
2	251.04(6)(a)4. **Child Record - Field Trip Authorization** Description: The field trip box was not check on the enrollment form for child #2.	We will make sure that every form is completed and recorded correctly.	09/17/2026 11:22am	9-22-26

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3	251.05(2)(a)8. **Staff Record - Orientation** Description: Staff A and staff B did not have documentation of completed orientation form on file.	Going Forward, We will make Sure that each staff member has all of their required forms Clompleted and properly stored in their personnel file	9/17/2026 11:34am	9-22-26
4	251.06(9)(c)1. **Safe Food** Description: The left over food from the prior day was not dated.	We will make that all stored food is properly labeled before placing ~~it~~ in the refrigerator	9/17/2026 11:43am	9-22-26
5	251.07(4)(e) **Naps Or Rest Periods - Bedding Maintenance, Storage, Cleanliness** Description: The cots in the two year old room were not stored in a sanitary manner. The cots did not have a sheet covering them.	We will make Sure to cover the children's cots Whenever they are not being Used	9/17/2026 12:01pm	9-22-26
6	251.07(7)(c) **Pets & Animals - Notification** Description: The presence of pets checkbox was not marked on the enrollment form for child #2.	We will make sure that every form is completed and recorded correctly.	9/17/2026 12:10pm	9-22-26

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date** / **Verification Date**
7	251.09(1)(b) **Infant & Toddler - Location & Sharing Intake Information** Description: The intake forms were not in the room where the children are enrolled.	We Will make sure to check each room and ensure that all Children's files are in their proper place.	9-17-2026 12:18 pm 9-22-26

NAME - Agency Worker
Joel Marquez

Date Issued
9/21/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
9-22-2022