| Date Correction Plan Due | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL |
|---|---|---|
| 6/18/2026 | | 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 |
|---|---|
| Falling Into Loving Arms Cc Prsch | 7000576567 / 004 - 2000102 |

| Address - Facility (Street, City, State, Zip Code) | Telephone Number | Date - Regulation Visit |
|---|---|---|
| 7945 N 76Th St Milwaukee WI 532233947 | 414-915-5674 | 6/2/2026 |

| | Rule/Statute Number<br>Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
|---|---|---|---|---|
| 1 | 251.04(6)(a)6.<br>**Child Record - Health History**<br><br>Description: The health history form was incomplete for child #2. A doctor□s note indicated the child has an allergy. The allergy and information for preventing and responding to the allergy were not included on the child □s health history form. | The parent corrected the childs Allergy information | 6/19/26 | |
| 2 | 251.05(4)(c)1.<br>**Continuing Education Requirement - Full Time Staff**<br><br>Description: Staff A, B, and C did not participate in 15 hours of continuing education in 2025. | The staff will back date for 2025 education and complete in 2026 | 12/2026 | |

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| | Rule/Statute Number<br>Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
|---|---|---|---|---|
| 3 | 251.06(9)(d)1.b.<br>**Food Storage - Refrigeration Units**<br><br>Description: A chest freezer was not maintained at or below 0°F. Two thermometers present in the freezer read 10°F. | 2- New thermometer were purchased, Also, the freezer temperature was adjusted. | 6/3/2026 | |
| 4 | 251.07(5)(a)4.<br>**Meals & Snacks - Minimum Meal Requirements**<br><br>Description: Only whole milk was available in the center which does not meet the minimum meal requirements for the USDA Child and Adult Care Food Program. Children 2 years of age and older must be served 1% or Skim Milk. Children 2 years of age and older were present at the time of the visit. | ALL types of milk was purchased After this visit, 0, 1, 2, Skim & white | 6/3/2026 | |

**NAME** - Agency Worker
Deborah Kersting

Date Issued
6/4/2026

**SIGNATURE** - Certified Operator or Designee / Licensee or Designee
Shauna B Prather

Date Signed
7-17-2026