Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/3/2026		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**	
Lily Pad Learn And Play		2000593162 / 002 - 2008217	
Address - Facility (Street, City, State, Zip Code) 3924 N 61St St Milwaukee WI 532162105	**Telephone Number** 414-810-9049	**Date - Regulation Visit** 7/9/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(4)(b) **Emergency Back-Up Provider - Orientation**	The emergency back-up provider orientation was completed on July 13, 2026. The Staff Orientation Checklist was completed and signed. The emergency back-up provider was provided with DCF 250.05, which was signed and dated. The Lily Pad Learn and Play Child Care Employee and Emergency Back-Up Provider Orientation Packet was reviewed, initialed, and signed by both the provider and emergency back-up provider. Going forward, required orientation documentation will be completed, signed, dated, and maintained in the appropriate records.	07/13/2026	
2	250.06(4)(a)3. **Smoke Detectors - Testing** Description: Smoke Detectors Testing not documented for May and June 2026.	Smoke detectors were tested and documented on July 9, 2026, at 10:00 p.m. and August 13, 2026, at 8:43 a.m. Going forward, smoke detectors will be tested and documented monthly. To help ensure testing is completed consistently, I will make every effort to complete and record the testing within the first two weeks of each month.	08/13/2026	

NAME - Agency Worker
Tammy Saffold

Date Issued
8/20/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Tatia J Parnell

Date Signed
09/02/2026