Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/29/2026		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
Ladybug's Treehouse	4000591694 / 001 - 2006903

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
4307 N 42Nd St Milwaukee WI 532161619	262-661-6220	9/30/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m. **Child Record - Health History** Description: Child #1 does not have a Health History form on file. Repeat violation: Previously cited on 10/8/2025	The provider gave the parent of Child #1 a health history form to fill out.	11/06/2026	
2	250.04(6)(a)4.a. **Child Record - Physical Exam - Under 2** Description: Child #2 does not have a physical on file.	Provider requested parent to get child physical report from pediatrician	11/06/2026	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	250.04(6)(a)4.b. **Child Record - Physical Exam - Over 2, Under 5** Description: Child #1 does not have a physical on file. Child #3 does not have an updated physical within the last two years. The last physical on file is dated 4/4/24.	Provider request parent to get updated physical report from childs pediatrician	11/06/2026	
4	250.04(6)(b) **Current, Accurate Daily Attendance Record** Description: Attendance is not current and accurate. On 9/22/26 a child was signed in but not signed out.	All staff to double check that all and staff are signed in and out properly	09/30/2026	
5	250.05(3)(e)2. **Provider Training - Current Cpr Certificate** Description: Staff A's CPR/AED training is not current. The training on file expired in March 2026.	Staff A is currently signed up to complete CPR/AED training	11/07/2026	
6	250.05(4)(c)1. **Continuing Education - Requirement & Training Topics** Description: Staff A only completed 5.5 hours out of the required 15 hours of continuing education training for 2025.	Staff A is currently enrolled in training that will make up continuing education for 2025 and also cover the full 15 hours of 2026	11/19/2026	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Sara Cooney, Kristin Lange

Date Issued
10/15/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
10/29/2026