DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 12/19/2025	**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 The Learning Experience		**Provider Number / Facility ID Number** 1000592821 / 001 - 2007934	
Address - Facility (Street, City, State, Zip Code) N58w15453 Shawn Cir Menomonee Fls WI 530516132	**Telephone Number** 408-858-3112	**Date - Regulation Visit** 11/26/2025	

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff F did not have a complete health report available in file for review	Health report for staff has been completed by physician	12/24/25	
2	251.05(2)(a)4.d. **Staff Record - Educational Qualifications** Description: Staff E did not have documentation of educational requirements available in file for review	staff has been enrolled in introduction to the childcare profession	2/28/25	

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3	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: Staff D did not have documentation of CPR completion in file for review	Staff will update CPR for file	12/24/25	
4	251.06(2)(a) **Potential Source Of Harm On Premises** Description: In two classrooms long device charging cords were observed accessible to children. In two classrooms adult scissors were observed accessible to children.	cords have been relocated in the classrooms to be out of reach of children	12/24/25	
5	251.06(3)(b)4. **Emergencies - Record Of Fire / Tornado Drills** Description: Drills were not documented for the month of October	staff were retrained to document all completed drills	12/24/25	
6	251.06(9)(a)2. **Kitchen Equipment & Utensils - Safe & Sanitary** Description: The freezer in a classroom was observed to be in an unsanitary condition at the time of the monitoring visit.	twaddler B staff were retrained on expectations of cleanliness and freezer was cleaned	11/28/25	

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7	251.09(1)(c) **Infant & Toddler - Documenting Changes In Development** Description: Child 5 or 7 did not have intake updates documented on intake form	all under two intake forms have been updated	12/5/25	

NAME - Agency Worker
Tiarra Trammell, Dominica Shaw

Date Issued
12/5/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Alyson Kelley

Date Signed
12/19/25