DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
3/3/2026		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	
The Learning Experience		1000592821 / 001 - 2007934	
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**	
N58w15453 Shawn Cir Menomonee Fls WI 530516132	408-858-3112	2/19/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)4.d. **Staff Record - Educational Qualifications** Description: Staff D & I did not have educational requirements in file for review Repeat violation: Previously cited on 11/26/2025	Staff D is no longer w/TLE. Staff I is currently enrolled in course and will be completed by Mid march.	3/30/26	
2	251.05(2)(a)5. **Staff Record - High School Diploma** Description: Staff D did not have a high school diploma or any documentation of completion in file for review	Staff is no longer employed with TLE	NA	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(b) **Abusive Head Trauma Prevention Training** Description: Staff did not have a AHT certificate or documentation of completion in file for review	Will verify with ucensor on providing proper documentation for AHT certificatim Staff missing now has AHT	3/30/26	
4	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: Staff B, D & H did not have a CPR certificate or documentation of completion in file for review Repeat violation: Previously cited on 11/26/2025	Staff will complete CPR by March 20th	3/20/2026	
5	251.055(1)(f) **Child Tracking Procedure** Description: Tracking was not accurate in multiple classrooms with staff to child ratio	Staff were all retrained on proper child tracking through the app on 2/23/26	2/23/26	
6	251.07(6)(dm)2. **Medical Log - Pages & Entries** Description: Lines were skipped in multiple classroom medical log book enteries	Classroom logs were reviewed and staff were retrained to not skip lines	3/30/26	

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

NAME - Agency Worker
Tiarra Trammell

Date Issued
2/24/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Alysa Kelly

Date Signed
2/26/2026