Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/24/2026		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	9/9/2026

	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 A did not have documentation of a physical examination on file as required by 30 days after hire. Repeat violation: Previously cited on 11/26/2025	Staff A made appt. with provider to complete physical exam.	9/24/26	
2	251.05(2)(a)8. **Staff Record - Orientation** Description: The orientation form for Staff A was not fully completed .	Management completed new orientation for Staff A	9/18/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(2)(a) **Potential Source Of Harm On Premises** Description: The cabinet in Infant A contained plastic bags on the bottom shelf that were accessible to children. The cabinet was not locked when licensor was in room. The cabinet in Infant B contained an employee□s purse on a shelf that was accessible to children. The cabinet was not locked when licensor was in room. Repeat violation: Previously cited on 11/26/2025	Both cabinets were given new locks to ensure they are properly locked at all times	9/11/26	
4	251.07(6)(f)3. **Medication - Storage** Description: A bottle of prescription medication was on a shelf in the Preschool 2 room that was accessible to children.	Medication was placed in lockbox in office	9/9/26	

NAME - Agency Worker
Laura Taylor

Date Issued
9/10/2026

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

Date Signed
9/29/26