

Date Correction Plan Due
9/18/2025

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)(l) 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

Little Tiny Tots Childcare

0000592890 / 001 - 2007984

Address - Facility (Street, City, State, Zip Code)
2721 W Townsend St Milwaukee WI 532162626

Telephone Number
414-935-2236

Date - Regulation Visit
8/22/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(6)(a)1. Child Record - Enrollment Information Description: Child 2,5 & 6 did not have authorization questions complete on enrollment form.	Have Parents complete authorization questions on enrollment forms.	8/24/25	8/24/25
2 251.04(6)(a)6m. Child Record - Immunization History Description: Child 5 & 6 did not have immunization records available in file for review	check all files per completed enrollment forms contact parent and ask them to retrieve immunization records from dr. make sure to thoroughly check all children files	8/24/25	8/24/25

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.04(6)(a)8.a. Child Record - Physical Exam - Under 2 Description: Child 5 did not have a complete health report available in file for review	Contact parent and have them receive required files from dr.	8/24/25	8/24/25
4 251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff C did not have a complete health report in file for review	Put in store file completed physical by Dr. Make sure store completes physical exam	8/24/25	8/24/25
5 251.06(10)(dm)2. Potty Chairs - Disinfected Description: Potty chairs were observed not dumped or disinfected during monitoring visit	Completely dump and disinfect potty chairs after each use Make sure properly cleaned	8/22/25	8/22/25
6 251.06(2)(b) Electrical Or Hot Surface Protection Description: Electrical outlets were observed not covered during monitoring visit	Put outlet covers in all outlets Make sure to check all outlets	8/22/25	8/22/25

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

NAME - Agency Worker
Tiarra Trammell

Date Issued
9/11/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Tiarra Trammell

Date Signed

9/12/25