

Date Correction Plan Due 1/19/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 Little Hidden Treasures Learning Center		Provider Number / Facility ID Number 4000588474 / 001 - 2002230		
Address - Facility (Street, City, State, Zip Code) 9818 W Sheridan Ave Milwaukee WI 532253308		Telephone Number 414-462-2708	Date - Regulation Visit 12/3/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. Child Record - Enrollment Information Description: Enrollment information was incomplete for Child #3 and Child #5.	<i>Absent parent(s) contact info was added for child #3 and child #5 Being forward even absent parents will be added.</i>	<i>12-10-25</i>	
2	251.04(6)(a)6. Child Record - Health History Description: Health history information was not up to date and accurate for Child #4.	<i>Child #4's health history was made current. will be sure to update when health info changes</i>	<i>01-16-26</i>	

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3	251.05(2)(a)3.a. Staff Record - Physical Examination Description: The health report was incomplete for Staff C.	no longer employed Employee was given 8 working days to get verification, was removed from schedule.	12.12.25	
4	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Two reviewed medication authorization were observed incomplete. One authorization was missing the length of the authorization and the other authorization was missing proper medication intervals.	Authorization forms were updated & completed going forward forms will be checked by director then owner.	12.03.25	
5	251.09(1)(j) Infant & Toddler - Crib Mattresses & Coverings Description: The mattresses and sheets were not tight-fitting in the playpens. Repeat violation: Previously cited on 12/6/2024	12.6.24 - no coverings 12.3.25 - coverings loose added bed sheet coverings clips to ^(order) _(on way) January budget.	by 01.21.26 no later than 01.25.26	

NAME - Agency Worker
Crescenta Sabree, Tiisha Harrell

Date Issued
1/5/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
01/19/2026