

9/23/2025

Date Correction Plan Due

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-445-1900

Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plan of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 209.005, DCF 200.04(2)(b) and (3)(d), DCF 251.04(2)(a) 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. 48.597. 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, 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** 4000589844 / 001 - 2004598

Learning Through Love

Address - Facility (Street, City, State, Zip Code)
5428 W Hampton Ave Milwaukee WI 532185020

Telephone Number
414-982-8107

Date - Regulation Visit
9/9/2025

Noncompliance Statement:

Correction Plan

Expected Completion Date

Verification Date

1	250.04(6)(a)1.d	Child Record - Enrollment Information - Parent Contact Info	Description: Emergency contact information was missing for Child #2.	Made sure parent did all correction right and looked all over paperwork to always make sure its done right.	09-23-2025	09-11-2025
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ME - Agency Worker
na Tarantino

Date Issued
9/9/2025

ATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Rouven
Assistant

09-11-2025

FS0294-E (R.06/2011)

