

Date Correction Plan Due  
12/27/2024

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

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 252.4(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. Identify expected completion 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  
0000591300 / 001 - 2006472

TT's Learning Daycare  
Address - Facility (Street, City, State, Zip Code)  
3284 N 27Th St Milwaukee WI 532163810

Telephone Number  
414-416-9834

Date - Regulation Visit  
12/9/2024

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.d. <b>Child Record - Enrollment Information - Parent Contact Info</b>  Description: Child 1 and Child 3 had incomplete parent contact information available for review at the time of the monitoring visit.	Had parent complete form in person over. I will check all paperwork to ensure it's complete agnt	Immediate 12/10/24	
2	250.04(6)(a)1.e. <b>Child Record - Enrollment Information - Other Emergency Contact</b>  Description: Child 1 and Child 3 had incomplete emergency contact information available for review at the time of the monitoring visit.  Repeat violation: Previously cited on 10/3/2023	Had parent complete form, immediate in person. I will check all paperwork to ensure emergency contact is on file before the child start.	Immediate 12/10/24	

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.04(6)(a)1.f <b>Child Record - Enrollment Information - Medical Contact</b> Description: Child 3 had incomplete physician information available for review at the time of the monitoring visit.	Had parent complete form over in person. I will check all paperwork to ensure it's complete right.	12/16/24 Immediate	
4 250.06(2)(c) <b>Access To Materials Potentially Harmful To Children</b> Description: Disinfecting wipes, <input type="checkbox"/> labeled keep of reach of children <input type="checkbox"/> , were being stored in the dining area and accessible to children in care. Repeat violation: Previously cited on 12/11/2023, 10/3/2023	I removed all items where there not reachable for kids.	12/19/24 Immediate	
5 250.07(6)(f)5. <b>Current Authorizations For Medications On Premises</b> Description: There was no authorization on file for an Epi-Pen that was on premise for a child in care. Repeat violation: Previously cited on 10/3/2023	Had parent complete paperwork. I will check all paperwork to ensure it right	12/16/24 Immediate	
250.09(4)(b) <b>Infant &amp; Toddler - Diaper Changing Surface - Disinfection</b> Description: The changing surface was full of holes during the monitoring visit, which then couldn't be properly disinfected.	I removed it and replace it immediate	12/19/24 Immediate	

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Verification  
Date

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NAME - Agency Worker  
Mindl Sabljak, Rhonda Brueggemann

Date Issued  
12/10/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Rhonda Brueggemann*

Date Signed  
12/10/24