

Date Correction Plan Due 1/21/2025	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 Minnie's Early Learning		Provider Number / Facility ID Number 0000592000 / 001 - 2007229		
Address - Facility (Street, City, State, Zip Code) 4102 N 12Th St Milwaukee WI 532097010		Telephone Number 414-460-4236	Date - Regulation Visit 12/17/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1. Child Record - Enrollment Information Description: IL was not able to verify an enrollment packet for child 4. IL could not verify the enrollment form for child 3.	Moving forward, I will go over each child enrollment package and Make sure they're completely filled out correctly		
2	250.04(6)(a)5. Child Record - Consent For Emergency Medical Treatment Description: IL was not able to verify Emergency contact information for child 1.	I will check his child's folder to make sure that their emergency contact is provided		

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3	250.06(4)(a)3. Smoke Detectors - Testing Description: IL was not able to verify testing or drills for testing for the month of November 2024 as of 12/17/2024.	I'll make sure I do the drill on every first of the month Moving forward	

NAME - Agency Worker
Tammy Saffold

Date Issued
1/7/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
01/07/2025

Chasmaine Burris