Date Correction Plan Due	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)(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	Provider Number / Facility ID Number
Love To Learn Childcare	6000593076 / 001 - 2008143

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
4170 N 48Th St Milwaukee WI 532161545	414-676-5030	7/8/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2)(a) **Staff File - Staff Record Form** Description: Staff Record- Staff Record Form not completed for Staff A & B.	Get the forms filled out as soon as possible.	07/09/2026	
2	250.05(4)(b) **Emergency Back-Up Provider - Orientation** Description: Emergency Backup Provider orientation- not completed for Staff B.	Get the orientation done and paperwork filled out.	07/09/2026	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.06(1)(b)4. **Toilets & Sinks** Description: Toilets and Sinks water temperature was at 127 degrees farenheit.	Turn down the water heater and make sure the water is at temp.	07/09/2026	
4	250.06(3)(b) **Emergency Plans - Practice** Description: Emergency Plans- Practice not documented for June 2026.	Make sure I get July emergency plan done on time.	07/09/2026	
5	250.06(4)(a)3. **Smoke Detectors - Testing** Description: Smoke Detectors-Testing not documented for June 2026.	Make sure all smoke detectors are tested and recorded on file.	07/09/2026	

NAME - Agency Worker
Tammy Saffold

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Rhonika Thomas

Date Signed
07/08/2026