DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/27/2026		[illegible]

Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline proposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.085, 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
Multicultural Learning Academy Llc		[illegible]
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
7027 W Capitol Dr Milwaukee WI 532162027	414-800-5054	[illegible]

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(c) **Daily Attendance Record - Transportation** Description: Five children not signed off of the van attendance on Wednesday the 7th of October	Transportation Driver and driver helper was trained again on sign in and sign out sheet- I will monitor sheets. And remind staff on importance	10/9/26	
2	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff file reviewed did not include current CAN training completed within the two year period of the visit	CAN training was completed and added to staff file. I will monitor staff file more effectively.	10/8/26	

NAME - Agency Worker
Paul Spink

Date Issued
10/13/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Catherine Hudson

Date Signed
10/23/2026

DCF-F-CFS0294-E (R.06/2011)

[illegible]