Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/2/2026		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
Kids N' Care Ltd	1000588031 / 001 - 2001531

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
6901 S 20Th St Oak Creek WI 531541301	414-761-8788	10/13/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. **Staff Record - Days & Hours Worked** Description: Staff are not consistently documenting actual hours worked when used to meet ratio. On 10/12/26, staff signed into the Honey Bee room but did not sign out. And on the day of the licensing visit, three staff were present in the Dino room but only two staff were signed in and staff in the Rainbow room pre-signed out. Repeat violation: Previously cited on 1/7/2026, 6/5/2025	* Corrections were fixed after visit. * Sent reminder message + talked to staff who made mistake. message to staff on 10/12/26 + 10/26/26 * Will review policy every staff meeting.	10/12/26	
2	251.055(1)(f) **Child Tracking Procedure** Description: On the day of the licensing visit, tracking was not accurate when one child was observed napping on the non-mobile side of the Dino room while still signed into the tracking on the mobile side	* talked to staff about properly transition on clip boards. * Sent reminder message 10/12/26 + 10/16/26 * Will review in staff Meeting.	10/12/26	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Kids N' Care Ltd		1000588031 / 001 - 2001531		
Address - Facility (Street, City, State, Zip Code) 6901 S 20Th St Oak Creek WI 531541301		**Telephone Number** 414-761-8788	**Date - Regulation Visit** 10/13/2026	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.07(6)(dm)2. **Medical Log - Pages & Entries** Description: In the Tiny Toddler room, the medical log book had a ripped page. A medical log entry in the Tiny Toddler room dated 9/21/26, and an entry in the Dino room dated 9/3/26, were not signed or initialed by the person making the entry.	* Last pg. was removed not sure why. We retired and started a new medical log. * Retrained that staff member on proper medical log entry.	10/13/26	
4	251.09(3)(a)2. **Infant & Toddler - Food & Formula Brought From Home** Description: In the Dino room, one child had several bottles brought from home that were not dated.	* Staff member was retrained on labling bottles with dates. * We will do random bottle checks to ensure correctly done.	10/12/26	

NAME - Agency Worker
Kristin Lange, Sara Cooney

Date Issued
10/19/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
10/21/26