

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**Date Correction Plan Due** 6/5/2024 **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, 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**  
Kidscave Family Childcare

**Address - Facility (Street, City, State, Zip Code)**  
4336 N 65Th St Milwaukee WI 53216T155

**Telephone Number** 414-249-3082

**Provider Number / Facility ID Number** 5000590315 / 001 - 2005360

**Date - Regulation Visit** 6/5/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.11(5)(b) Continuation License - Application Materials Submission Date	Application was mailed off on 6.10.24	6.10.24	

**NAME - Agency Worker**  
Sarah Stormont

**Date Issued** 6/5/2024

**Date Signed** 6.14.2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**  
*E. Anne Woods*