

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Kindercare Learning Ctrs-27Th St		0000580590 / 026 - 220088		
Address - Facility (Street, City, State, Zip Code) 4854 S 27Th St Milwaukee WI 532212604		Telephone Number 414-281-4396	Date - Regulation Visit 12/10/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(9)(c)4. <b>Canned Food</b>  Description: There was a dented can of fruit in the kitchen cabinet.	will no longer keep dented cans	12/10/25	12/10/25
4	251.06(9)(d)1.b. <b>Food Storage - Refrigeration Units</b>  Description: The refrigerator in the school-age room did not have a thermometer.	Thermometer's were ordered	12/10/25	12/15/25
5	251.07(6)(dm)3.b. <b>Medical Log - Injury In Care</b>  Description: In the twos room some incidents were not logged in the medical log book.	Logs were Reviewed and signed off	12/10/25	12/10/25
6	251.07(6)(dm)4. <b>Medical Log - Reviewing Injury Records</b>  Description: The medical log book in the infant room and the twos room was not reviewed every six months.  Repeat violation: Previously cited on 1/10/2024	Logs were reviewed and signed off	12/10/25	12/10/25

<b>Date Correction Plan Due</b> 12/26/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Kindercare Learning Ctrs-27Th St		<b>Provider Number / Facility ID Number</b> 0000580590 / 026 - 220088		
<b>Address - Facility (Street, City, State, Zip Code)</b> 4854 S 27Th St Milwaukee WI 532212604		<b>Telephone Number</b> 414-281-4396	<b>Date - Regulation Visit</b> 12/10/2025	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.06(2)(b) <b>Electrical Or Hot Surface Protection</b>  Description: The electric outlet in the two year old room was coming off the wall.  Repeat violation: Previously cited on 7/8/2025	<i>All outlets in center were replaced</i>	<i>12/29/25</i>	<i>12/29/25</i>
2	251.06(2)(gm) <b>Premises - Well Drained, Clean, In Good Repair</b>  Description: Toilet in school age room was broken.  Repeat violation: Previously cited on 7/8/2025, 12/11/2024	<i>toilet was fixed</i>	<i>12/11/25</i>	<i>12/11/25</i>

<b>Name - Certified Operator / Licensed Center</b> Kindercare Learning Ctrs-27Th St		<b>Provider Number / Facility ID Number</b> 0000580590 / 026 - 220088	
<b>Address - Facility (Street, City, State, Zip Code)</b> 4854 S 27Th St Milwaukee WI 532212604		<b>Telephone Number</b> 414-281-4396	<b>Date - Regulation Visit</b> 12/10/2025
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
			<b>Verification Date</b>

**NAME - Agency Worker**  
Joel Marquez, Laura Taylor

**Date Issued**  
12/12/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**

12/29/25