



Date Correction Plan Due  
9/5/2023

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL  
262-446-7899

**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)(M) 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**  
Learn N Play Care Llc

**Address - Facility (Street, City, State, Zip Code)**  
913 Greenridge Ctr Mukwonago WI 531491442

**Telephone Number**  
262-895-0064

**Provider Number / Facility ID Number**  
0000590350 / 001 - 2005393

**Date - Regulation Visit**  
7/27/2023

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.07(5)(a)4. Meals & Snacks - Minimum Meal Requirements	Description: Lunch served at the time of licensing visit did not meet minimum meal requirements. Lunch consisted of peanut butter and jelly sandwiches, carrots with ranch, and potato chips. Lunch was lacking an additional vegetable or fruit.	Lunch will be served with a fruit and vegetable	8/22/23	

**NAME - Agency Worker**  
Kayla Sands

**Date Issued**  
8/18/2023

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

**Date Signed**

DCF - CFS0294-E-F-06/2011

8/22/2023

Date Correction Plan Due  
9/5/2023

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL  
262-446-7888

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913 Greenridge Cr Mukwonago WI 531491442

**Telephone Number**  
262-895-0064

**Provider Number / Facility ID Number**  
0000590350 / 001 - 2005393

**Date - Regulation Visit**  
8/22/2023

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(6)(b) Current, Accurate Daily Attendance Record  Description: Attendance was not current and accurate upon licensing review. The paper attendance forms and digital app, both lacked the departure time for a child on Monday, July 31, 2023.	the parent was talked to and reminded to sign in & out. Staff was also reminded to check.	8/22/23	
2 251.05(2)(a)1. Staff Record - Personal Information  Description: The file for Staff A lacked a complete staff record form upon licensing review. The form lacked information pertaining to emergency contacts.  Repeat violation: Previously cited on 10/19/2021	Staff updated form and added the address. All staff was reminded to not leave blank spaces	8/22/23	

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0000590350 / 001 - 2005393

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913 Greenridge Cir Mukwonago WI 531491442

Telephone Number  
262-896-9964

Date - Regulation Visit  
8/27/2023

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(2)(a)3.a. Staff Record - Physical Examination  Description: The file for Staff B lacked a staff physical examination at the time of licensing review.  Repeat violation: Previously cited on 2/28/2022	Staff called the crane and was given a letter for the date of upcoming appointment.	8/22/23	
4	251.06(9)(c)1. Safe Food  Description: Food was not free from spoilage and safe for human consumption at the time of licensing visit. An open container of applesauce, served for lunch at the time of licensing visit, was observed with mold spores in the lid.  Repeat violation: Previously cited on 2/28/2022	All refrigerated items will be checked regardless of expiration date and food sale date.	8/22/23	

NAME - Agency Worker  
Kayla Sands

Date Issued  
8/18/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Kayla Sands*  
DOB: 05/30/2004 (R) (6/2017)

8/22/23