


FAX COVER SHEET

		FROM: Department of children and families	TO: Kayla Sands
DATE: 1/31/2024	DATE: 2024-11-31	FAX #: 202-410-7991	FAX #: 202-410-7991
TOTAL # OF PAGES INCLUDING COVER SHEET 3	ATTENTION: Kayla Sands		

Helping your child develop and learn through fun and creativity, where education, care and play go hand in hand

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY

COMMENTS:

Fee was paid through portal.

Noncompliance statement and correction plan attached and hung at entrance on parent board.

Signature: *Kayla Sands*

7345 S Loomis Rd Wind Lake WI 53185
 Phone (262)895-0064 • Fax (262)895-0074 • LNPCwindlake@gmail.com

Attachment "b"

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 2/8/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN
	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. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(b) 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, 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 Lic

Provider Number / Facility ID Number
0000590350 / 001 - 2005393

Address - Facility (Street, City, State, Zip Code)
7345 S Loomis Rd Wind Lake WI 53185

Telephone Number
262-895-0064

Date - Regulation Visit
1/11/2024

Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
<p>1</p> <p>251.04(6)(a)1. Child Record - Enrollment Information</p> <p>Description: The file for Child 2 lacked complete enrollment information upon review. The file lacked information pertaining to the authorized persons/emergency contacts while the child is in care.</p> <p>Repeat violation: Previously cited on 4/5/2022</p>	<p>All Parents re-did Paper Copies So everything is legible and approved</p>	<p>1/18/24</p>	
<p>2</p> <p>251.055(1)(f) Child Tracking Procedure</p> <p>Description: The implemented tracking procedure failed at the time of licensing visit. A child was tracked in two different rooms at one time, child was only present in one of the rooms. A Notice of Order was issued July 11, 2023.</p> <p>Repeat violation: Previously cited on 6/29/2023, 2/28/2022</p>	<p>Staff meeting was completed and discussed tracking procedure.</p>	<p>1/23/24</p>	

Name - Certified Operator / Licensed Center Learn N Play Care Llc		Provider Number / Facility ID Number 0000590350 / 001 - 2005393	
Address - Facility (Street, City, State, Zip Code) 7345 S Loomis Rd Wind Lake WJ 53185		Date - Regulation Visit 1/11/2024	
Telephone Number 262-895-0064		Expected Completion Date	
Correction Plan		Verification Date	
Ruler/Statute Number Non-compliance Statement			

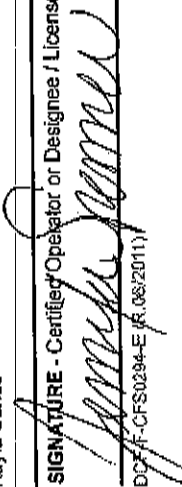
Date Issued
1/25/2024

Date Signed

1/31/2024

NAME - Agency Worker
Kayla Sands

SIGNATURE - Certified Operator or Designee / Licensee or Designee



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