DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 8/22/2025	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)(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	
Simon Says Early Lrng Center Llc		9000593329 / 001 - 2008373	
Address - Facility (Street, City, State, Zip Code) 5001 W Mill Rd Milwaukee WI 532181410	**Telephone Number** 414-231-3829	**Date - Regulation Visit** 8/6/2025	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(2)(gm) **Premises - Well Drained, Clean, In Good Repair** Description: Ceiling tiles in the computer lab/hallway are stained from water damage and contained mold.	CEILING TILES WERE REPLACED By Maintenance	8/7/25	
2	251.07(5)(a)4. **Meals & Snacks - Minimum Meal Requirements** Description: The center is not always meeting the minimum USDA meal requirements. For example, one lunch was described as Turkey and avocado wrap with side salad. An additional fruit is needed to meet USDA requirements.	OWNER WILL REFER TO USDA GUIDELINES WHEN PREPARING MEALS	8/7/25	

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3	251.07(5)(a)5.a. **Menus - Post** Description: Menus of meals and snacks provided by the center shall be posted in the kitchen and a conspicuous place for parents. Menus posted were not current, as they were the menus for 4/18/25 to 4/18/25.	MENUS WILL BE POSTED FOR REVIEW	8/7/25
4	251.07(5)(a)6. **Menus - Changes** Description: Changes that were made to the planned menu were not documented by the end of the meal to reflect what was actually served.	MENU CHANGES WILL BE MADE PRIOR TO SERVING TO ENSURE COMPLIANCE	8/7/25
5	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: A medication authorization observed on the premise does not include the begin and end date on the form.	PARENT ADDED THE BEGIN & END DATE	8/7/25

NAME - Agency Worker
Kristin Lange, Sara Cooney

Date Issued
8/8/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
8/7/25