Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/19/2026		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
L And M Links Child Development Ctr	6000587396 / 001 - 2000688

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
7935 W Burleigh St Milwaukee WI 532224916	414-873-4407	7/29/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. **Child Record - Enrollment Information** Description: The Enrollment Form was incomplete for child #4.	During Parent Orientation Administrative Staff will ensure that the parent writes "None" if there is no authorized Pick up Person, leaving nothing blank	Corrected on 7/29/26 by Guardian	
2	251.04(6)(a)6. **Child Record - Health History** Description: The health history was incomplete for child #2.	During Parent orientation Administrative Staff will be sure that the family understands "Non food Allergy" means there is an allergy unrelated to food. AS opposed to No Allergies.	Corrected by Parent on 7/29/26	

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3	251.04(6)(b) **Current, Accurate Daily Attendance Record** Description: At the time of the visit 10 children were present with 4 children signed into the school age room and 4 children were present with 2 signed into the one year old room. Repeat violation: Previously cited on 1/21/2026	Teachers will sign each child in upon entering into the Class.	Corrected on 7/29/26 during the visit	
4	251.05(2)(a)6. **Staff Record - Days & Hours Worked** Description: Two teachers were present in the preschool room but only one was signed into the tracking sheet. Corrected at time of visit.	Teachers will sign into the class upon assignment, even when ratios are met prior to joining the Class.	Corrected on 7/29 during the visit	
5	251.055(1)(f) **Child Tracking Procedure** Description: The center did not follow tracking procedures when tracking forms for the one year old and two year old classrooms were left inside while the classes were outside on the playground.	Staff will take the trackers outside each time the class goes out.	Corrected on 7/29/26	
6	251.06(2)(b) **Electrical Or Hot Surface Protection** Description: One outlet was accessible in the one year old room. This was corrected at the time of the visit.	Staff will do a safety check prior to opening the class. Looking for any hazards left from the night Cleaner.	Corrected on 7/29/26 during the visit.	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Deborah Kersting

Date Issued
8/5/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Pamela Kern

Date Signed
8/8/26