Date Correction Plan Due 10/28/2026	**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**
Kk Learning Adventures	7000593027 / 001 - 2008106

Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
3758 N 58Th Blvd Milwaukee WI 53216	414-484-0999	10/13/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2)(c) **Staff File - Days, Hours Worked** Description: Provider must document the actual hours worked if the hours were used to meet the applicable staff-to-child ratio. Provider hours were not logged for the current week during the licensing visit.	Staff will fill out hours everyday as an actual time sheet	11/1/26	
2	250.06(2)(e) **Potential Source Of Harm On Premises** Description: The center's indoor and outdoor child care space shall be free of hazards including any recalled products. In the outside play space there was a metal gutter down spout that had sharp edges and the netting surrounding the a/c unit was falling down making the a/c unit accessible.	Gutter will be fixed & the net around A/C unit	12/31/26	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Kk Learning Adventures		7000593027 / 001 - 2008106	
Address - Facility (Street, City, State, Zip Code) 3758 N 58Th Blvd Milwaukee WI 53216	**Telephone Number** 414-484-0999	**Date - Regulation Visit** 10/13/2026	

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

NAME - Agency Worker
Jennifer Mischock, Janette Cromell

Date Issued
10/14/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

M McMurray

Date Signed
10/19/26