

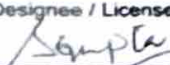
<b>Date Correction Plan Due</b> 3/6/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 262-446-7800
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**Use of Form:** This form is used by certification / licensing staff to identify statute and / or administrative 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.

<b>Name - Certified Operator / Licensed Center</b> Kiddie Academy Of Brookfield		<b>Provider Number / Facility ID Number</b> 6000590216 / 001 - 2005222		
<b>Address - Facility (Street, City, State, Zip Code)</b> 15425 W Capitol Dr Brookfield WI 530052621		<b>Telephone Number</b> 262-336-8787	<b>Date - Regulation Visit</b> 1/20/2026	
	<b>Rule/Statute Number</b> Noncompliance Statement	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	<p>251.04(4)(a)2.c. <b>Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication</b></p> <p>Description: On 11/24/25, a child sustained a bump to the eye, which as defined by the department falls under a head injury. This occurred at approximately 9:56am and the parent was not notified until 10:38am.</p> <p>On 1/7/26 a child sustained an injury to the eye at approximately 10:35am and the parent was not notified until 11am. This also falls under the category of a head injury.</p> <p>Repeat violation: Previously cited on 5/23/2024</p>	<p>Staff will ensure that when an incident requiring parent notification under DCF-251 occurs, the child's safety is immediately evaluated and first aid provided. Management will be notified right away &amp; parent communication will be initiated as soon as reasonably possible during the response process. Staff will receive reminders regarding prompt parent notifications while continuing to prioritize child's safety first.</p>	<p>3/11/26</p>	

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2	251.07(6)(dm)3.b. <b>Medical Log - Injury In Care</b>  Description: A child was injured while in care on 11/24/25 and it was not documented in the medical log book.	Medical log book now contains every incident	1/28/26
			<b>Verification Date</b>

<b>NAME - Agency Worker</b> Katrina Tarantino, Daniel Noel	<b>Date Issued</b> 2/20/2026
<b>SIGNATURE - Certified Operator or Designee / Licensee or Designee</b> 	<b>Date Signed</b> 3/10/26