

ATTACHMENT "A"

Date Correction Plan Due
1/24/2024

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)(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

Kays Klubhouse Early Childhd Lrng

Provider Number / Facility ID Number
1000591061 / 001 - 2006222

Address - Facility (Street, City, State, Zip Code)
4027 N 85Th St Milwaukee WI 532221818

Telephone Number
414-690-3977

Date - Regulation Visit
9/20/2023

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1</p> <p>250.04(2)(e)4. Policy Submitted & Implemented - Health</p> <p>Description: The center failed to implement its written policy when on 9/18/23, children in care who were ill were not isolated nor were the children's emergency contact person called after the children had not been picked up by a parent within one hour after being called.</p>	<p>Follow policies and procedures first hand in any situation. Practice and manage policy and action plans by doing a monthly review of these actions and policy plans to assist in remembering what and how to react on these situations</p>	<p>1/30/24</p>	
<p>2</p> <p>250.04(3)(m) Report - Communicable Disease</p> <p>Description: The licensee failed to report a confirmed case of a communicable disease to the department within 24 hours after the center was notified of the diagnosis.</p>	<p>when notified of any communicable diseases or illnesses, department will be notified before center is closed down to confirm what these illnesses are diagnosed as.</p>	<p>1/15/24</p>	

Name - Certified Operator / Licensed Center Kays Klubhouse Early Childhd Lrng		Provider Number / Facility ID Number 1000591061 / 001 - 2006222	
Address - Facility (Street, City, State, Zip Code) 4027 N 85Th St Milwaukee WI 532221818		Telephone Number 414-690-3977	
		Date - Regulation Visit 9/20/2023	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.07(6)(a)2.a. Contact With Person - Behavior Description: An employee who provides care for children had physically assaulted a parent outside of the childcare facility.	Employee is no longer employed with this facility. NO such behavior will be tolerated by no persons.	9/18/23	
4 250.11(2)(c) Condition For License Approval - Fit & Qualified Licensee Description: On 9/18/23, both the licensee and staff failed to exercise sound judgement after engaging in a verbal and physical altercation with a parent during daycare hours and in front of children in care.	Remaining licensee and any other employees or employees moving forward will participate and take action to any resolution classes or techniques on how to deal with these kinds of altercations.	1/30/24	

NAME - Agency Worker
Kristin Keck, Sara Cooney

Date Issued
1/5/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Kristin Keck
DCF-F-CFS024E (R.06/2011)

1/15/24