

Date Correction Plan Due  
4/30/2024

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL

**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)(f) 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  
Where A Kid Can Be A Kid Childcare 6000590816 / 001  
Address - Facility (Street, City, State, Zip Code) Telephone Number  
2814A N 90Th St Milwaukee WI 532224611 262-838-9636  
Date - Regulation Visit  
4/15/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(12)(c) The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Developing A Written Contract That Specifies The Charge For Child Care And The Expected Frequency Of Payment For The Service. The Contract Shall Be Signed By The Operator And A Parent Or Guardian.	Have the parents fill out the checklist form.	5/3/24	
Description: The was not contract on file for the family f children #8-#9 on page 1 of the Child Record Checklist.			

Certified Operator / Licensed Center

Be A Kid Can Be A Kid Childcare

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following: 1. The Parents' Home And Work Phone Numbers. 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan. 3. The Parents' Signed Consent For Emergency Medical Care. 4. A Name And Number To Call If The Child Requires Emergency Medical Care.</p> <p>Description: The Enrollment/Health History form for child #7 on the Child Record Checklist was incomplete.</p>	<p>Have parent complete form</p>	5/3/24	
<p>202.08(12)(i) The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Informing The Parent In Writing Whether The Premises And Child Care Business Are Covered By A Child Care Liability Insurance Policy.</p> <p>Description: There was no documentation on file that the families of children #1, #7, #8-#9 on page 1 of the Child Record Checklist and children #1-#2 on page 2 of the Checklist has been informed regarding liability insurance coverage.</p>	<p>Have parent fill out check list form.</p>	5/3/24	

NAME - Agency Worker  
Jean Houston

Date Issued  
4/16/2024

SIGNATURE Certified Operator or Designee / Licensee or Designee

DCF-F-CFS0284-E (R. 06/2011)

Date Signed

4/19/24