DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 7/25/2024	**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)(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 Kids And Company Childcare		**Provider Number / Facility ID Number** 3000589763 / 001	
Address - Facility (Street, City, State, Zip Code) 4155 N 47Th St Milwaukee WI 532161528	**Telephone Number** 414-215-3648	**Date - Regulation Visit** 7/10/2024	
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.** Description: There was no contract of rates on file for child #6.	Contract Will be Printed and Parents Will be Noticed to Sign a Written Content	07/19/24	

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4155 N 47Th St Milwaukee WI 532161528	414-215-3648	7/10/2024	

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2	202.08(12)(g) **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 Using Information Obtained On The Department-Provided Child Care Intake For Child Under 2 Years Form, Which Collects Essential Information For Infants And Toddlers, To Individualize The Program Of Care For Each Child Under 2 Years Of Age.** Description: There was no Intake for on file for child #6.	Provider Will Communicate With Families to obtain Intake For children. Which will Contain essential Information.	07/19/24	
3	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.** Description: There was no documentation n file that the family of child #6 have been notified regarding liability insurance.	Contract will be Printed and given to Parents to sign and Understand For Child insurance Form.	07/19/24	

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4	202.08(2)(am)1. **A One-Unit Or Two-Unit Residential Building Shall Have A Functional Carbon Monoxide Detector Installed In The Basement And On Each Level Of The Building, Excluding The Garage And Attic, In Accordance With The Requirements Of S. 101.647, Stats.** Description: There was no working carbon monoxide detector in the basement of the home.	Basement of home will have a new Carbon monoxide detector.	07/19/24	
5	202.08(2)(ar) **The Home Shall Have A Functional Smoke Detector On Each Floor Level In Accordance With The Requirements Of S. 101.645, Stats.** Description: There was no working smoke detector on the main level of the home.	New Batteries will be Put in Smoke Detector of main level of home.	07/19/24	
6	202.08(2)(c) **The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.** Description: Standing water was observed in the outside and removed immediately.	N/A outstanding Water Was Removed From Flower Bucket.	07/10/24	7/10/2024

Name - Certified Operator / Licensed Center			Provider Number / Facility ID Number	
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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
7	202.08(4)(a)1. **For Each Child Under 2 Years Of Age, A Report Of A Physical Examination Conducted Not More Than 6 Months Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 6 Months Thereafter.** Description: The health report for child #6 was incomplete.	~~#6~~ Child #6 will have a new Printed Health Report Filled out by Parent.	07/19/24	
8	202.08(4)(e) **The Certified Child Care Operator Shall Have On File For Each Child In Care A Record Of The Child's Immunization History To Document Compliance With S. 252.04, Stats., And Ch. Dhs 144.** Description: There was no immunization record on file for child #6.	Child #6 will have a new printed immunization Form and will be filled out by Parent.	07/19/24	

NAME - Agency Worker
Jean Houston

Date Issued
7/11/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
07/15/2024