

Date Correction Plan Due  
5/1/2024

**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)(l) 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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Confident Kids

0000588290 / 002

Address - Facility (Street, City, State, Zip Code)  
2808 Russet St Racine WI 534054437

Telephone Number  
262-456-8660

Date - Regulation Visit  
4/17/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>202.08(1m)(e) If Requested By The Certification Agency, An Operator Shall Submit A Plan Of Correction For Cited Violations Of This Chapter, Ch. DCF 13, Or S. 48.686, Stats., To The Certification Agency By The Date The Agency Specifies. The Operator Shall Submit A Revised Plan Of Correction To The Agency If The Initial Plan is Not Accepted By The Agency.</p> <p>Description: Provider has failed to submit a plan of correction for their non-compliance issued on 04/02/24.</p>	<ul style="list-style-type: none"> <li>Child 3-6, 12, 17 (1st Date of Attendance entered)</li> <li>Child 3-6, 11 (Child Enrollment Dates Entered)</li> <li>Child 12/17 (Enrollment forms complete)</li> <li>Child 2, 7 (No longer enrolled (Parent not returning) Items... Dropped)</li> <li>Child 11 May 15 8:30am Dr. Apt.</li> <li>Child 12 May 17 8:40am Dr. Apt.</li> <li>Child 14, 15 Parent signed form (reasons: No immunizations religious)</li> <li>Child 3, 6, 14-17 Have Health reports</li> </ul>	6-1-2024	

- Child 4, 5, 12 (Don't need Health report over signs)
- Child 5, 11, 12, 17 (Not under 2 not applicable)
- Child 2, 10, 14, 15 (Have intake update 2 forms)
- Child 3 intake date entered
- Child 2-8, 12, 14, 15 (Have contracts)
- Child 11 (contract date)

NAME - Agency Worker  
Magregor Mlanecki-Saylor

Date Issued  
4/17/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jamesha Ingraham

Date Signed

4/22/2024