

Date Correction Plan Due 5/13/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 202-446-7800
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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 202.005, DCF 202.04(2)(i) and (3)(i), DCF 251.04(2)(i) and (3)(i), DCF 252.01(1)(M) and (2)(i). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions described 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 noncompliances. 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 the 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	
Kiddie Academy Child Care		5000591455 / 001 - 2006637	
Address - Facility (Street, City, State, Zip Code) 4960 N 74Th St Milwaukee WI 532183821		Telephone Number 414-275-8207	Date - Regulation Viol 4/29/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.04(8)(a)1m1 Child Record - Health History - Medical Condition Symptoms  Description: The health history form observed incomplete for Child #4 and Child #5. Child #5 has asthma with no triggers. Child #4 has asthma with no triggers or symptoms.	Parents will be asked to complete health form to include triggers and symptoms of asthma for child #4 and #5 immediately. In the future, all parents will be required to mark "none" in spaces that does not apply to their child.	04/29/2024
2	250.04(8)(a)2 Child Record - Field Trip Permission  Description: There was no field trip/other off site activity permission on file for Child #4.	Parent will be asked to turn in the completed field trip form for child #4. All parents will be required to turn in field trip forms, rather child is approved to go or not, for records.	04/29/24

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250 04(5)a)4m Child Record - Immunization History Compliance  Description: There was no immunization record on file for Child #5	Parent will be asked to turn in updated and completed immunizations forms for child #5 immediately.	04/29/24	

NAME - Agency Worker  
Tameka Thompson

Date Issued  
4/29/2024

SIGNATURE - Certified Operator / Director / Licensee or Designee

*Laquanis Barksdale*

Date Signed

04/29/2024