

Date Correction Plan Due 11/4/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 262-446-7800
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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 202.065, 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.

<b>Name - Certified Operator / Licensed Center</b> K I D S Academy Too Llc	<b>Provider Number / Facility ID Number</b> 8000591808 / 001 - 2007043
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<b>Address - Facility (Street, City, State, Zip Code)</b> 3812 W Burleigh St Milwaukee WI 532101838	<b>Telephone Number</b> 414-249-5700	<b>Date - Regulation Visit</b> 10/21/2024
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. <b>Child Record - Immunization History</b>  Description: Documentation of immunizations was not observed for a child.	Forms will be submitted Parent was contacted Every child immunized Record will be requested before starting & updated as required	11/1/24	
2	251.07(6)(dm)2. <b>Medical Log - Pages &amp; Entries</b>  Description: Lines and pages were observed to be skipped. An entry on the first page was not dated.	Staff meeting was held to make sure Every staff member knows how to sign medical log accurately	11/1/24	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.07(6)(f)1.b. <b>Medication Administration - Containers &amp; Labeling</b>  Description: A container of Tylenol and Orajel was not labeled with a child's name.	Every Parent & Staff Member, was informed of the importance of Medication Being labeled and Auth. to Administer medication will be filled out accurately	11/1/24	
4	251.07(6)(f)6. <b>Current Authorizations For Medications On Premises</b>  Description: Documentation of specific times and a start and end date for Tylenol and Orajel.	Staff was informed of the importance of Documenting	11/1/24	
5	251.09(4)(a)3. <b>Infant &amp; Toddler - Diaper Changing Surface Disinfection</b>  Description: The diaper surface was observed to have tears, exposing padding. *Replaced at the time of the visit.	Replaced @ visit	11/1/24	

NAME - Agency Worker  
Colleen HanserDate Issued  
10/21/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

11/20/2024