

Date Correction Plan Due  
4/2/2025

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL  
262-446-7800

**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>		<b>Provider Number / Facility ID Number</b>	
Lov N Care Iii Children's Academy		0000574350 / 002 - 1010431	
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>
5109 52Nd St Kenosha WI 53144		262-652-7005	3/18/2025
	<b>Rule/Statute Number</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
	<b>Noncompliance Statement</b>		<b>Verification Date</b>
1	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Staff F did not complete a physical examination within 30 days of employment at the center.  Repeat violation: Previously cited on 5/19/2023	Ensuring that all staff requirements have reminders w/ due dates	4/18/25
2	251.07(4)(cm) <b>Naps Or Rest Periods - Sleeping Surfaces - Children 1 And Older</b>  Description: Children were not placed 2' apart when sleeping in the 3 year old classroom.	Reminded staff & showed them how to ensure that each cot is at least 2 ft apart from each other	4/18/25

**Address - Facility (Street, City, State, Zip Code)**  
5109 52Nd St Kenosha WI 53144

**Telephone Number**  
262-652-7005

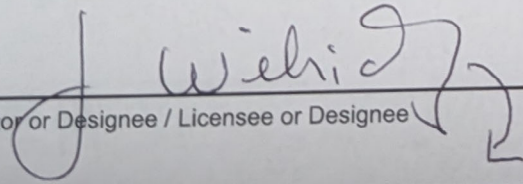
**Date - Regulation Visit**  
3/18/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected	Verification
			Completion Date	Date
3	251.07(6)(dm)2. <b>Medical Log - Pages &amp; Entries</b>  Description: Not all entries in the medical log book were signed or initialed by the person making the entry.	We went over the medical log book requirements at our March staff meeting to remind the staff that all entries need to be signed + dated	4/18/25	
4	251.09(1)(b) <b>Infant &amp; Toddler - Location &amp; Sharing Intake Information</b>  Description: Admission information for a toddler was not on file in the room in which the child was assigned.  Repeat violation: Previously cited on 5/19/2023	We made copies of all intake forms for all children under 2 & have them in each classroom under table to ensure that all intake forms are w/ the children	4/18/25	

**NAME - Agency Worker**  
Jennifer Brees

Date Issued  
3/18/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**



Date Signed

3/18/25