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|--|--|---|
| <b>Date Correction Plan Due</b><br>2/26/2026 | <b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b> | <b>TO FILE A COMPLAINT CALL</b><br>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><br>Kids R Just Kids Phase Iii               |   | RECEIVED<br>STATE OF WISCONSIN<br>FEB 23 2026  | <b>Provider Number / Facility ID Number</b><br>7000569867 / 002 - 1010819      |  |
|--|---|--|--|--|
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>4678 N 40Th St Milwaukee WI 53209 |   | SOUTHEASTERN REGIONAL OFFICE<br>DCF DECE BECR  | <b>Telephone Number</b><br>414-449-9576  | <b>Date - Regulation Visit</b><br>2/5/2026 |
|  | <b>Rule/Statute Number<br/>Noncompliance Statement</b>  | <b>Correction Plan</b>   | <b>Expected<br/>Completion Date</b>  | <b>Verification<br/>Date</b>               |
| 1  | 251.05(3)(c)<br><b>Cardiopulmonary Resuscitation Training</b><br><br>Description: Staff A and Staff B do not have documentation of a current certificate of completion in infant and child CPR and AED use. The CPR certificates for Staff A and Staff B expired on 03/02/25.                       | Staff A & B have certificates in CPR & AED here's a copy of the Proof  | Done on 2/10/26  |  |
| 2  | 251.06(2)(gm)<br><b>Premises - Well Drained, Clean, In Good Repair</b><br><br>Description: There are several pieces of spray foam peeling off underneath the bathroom sink.<br><br>The vent hood above the stove used to prepare meals in the kitchen has several areas where dust is hanging down. | A) I Put a lock on the door in the bathroom so no one can go under the sink<br><br>B) the dust is not hanging over the food but it has been cleaned. | Done on 2/5/26<br>SAME DAY AS VISIT<br><br>Done on 2/5/26<br>Same Day as Visit |  |

| Address - Facility (Street, City, State, Zip Code) |  | Telephone Number   | Date - Regulation Visit             |                      |
|--|--|--|-------------------------------------|----------------------|
| 4678 N 40Th St Milwaukee WI 53209                  |  | 414-449-9576   | 2/5/2026                            |                      |
|  | Rule/Statute Number<br>Noncompliance Statement   | Correction Plan  | Expected<br>Completion Date         | Verification<br>Date |
| 3  | 251.06(2)(i)<br>Deteriorating Paint<br><br>Description: There is flaking paint on a vent register in the bathroom  | To correct the vent in the bathroom we scraped + painted it on Saturday 2-7-26 | Done on 2/7/26                      |                      |
| 4  | 251.09(1)(c)<br>Infant & Toddler - Documenting Changes In Development<br><br>Description: Changes in development and routines are not documented for Child 2 every 3 months based on a discussion with the parent. | Child 2 had update on 2/5/26   | Done 2/5/26<br>SAME DAY as<br>Visit |                      |

NAME - Agency Worker  
Daniel Noel, Katrina Tarantino

Date Issued  
2/11/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Phyllis Sterling*

Date Signed

2-23-26

RECEIVED  
STATE OF WISCONSIN

FEB 23 2026

SOUTHEASTERN REGIONAL OFFICE  
DCF D\_LCE BECR



## Certificate of Completion

**Sandra Najieb**

has successfully completed requirements for

**Adult and Child CPR**

conducted by  
**TKO Heart Helpers**

Date Completed: **02/10/2026**

Valid Until: **02/10/2028**

Instructors: **Takesha Owens**



**Certificate ID: 026T3TU**

To verify, scan code or visit: <https://www.redcross.org/take-a-class/qrcode?certnumber=026T3TU>



# Certificate of Completion

**Dorothy Barfield**

has successfully completed requirements for

**Adult and Child CPR**

conducted by  
**TKO Heart Helpers**

**Date Completed: 02/10/2026**

**Valid Until: 02/10/2028**

**Instructors: Takesha Owens**



**Certificate ID: 026T3U0**

To verify, scan code or visit: <https://www.redcross.org/take-a-class/qrcode?certnumber=026T3U0>



# Certificate of Completion

## **Phyllis Sterling**

has successfully completed requirements for

**Adult and Child CPR**

conducted by  
**TKO Heart Helpers**

Date Completed: **02/10/2026**

Valid Until: **02/10/2028**

Instructors: **Takesha Owens**



**Certificate ID: 026T3U2**

To verify, scan code or visit: <https://www.redcross.org/take-a-class/qrcode?certnumber=026T3U2>