

Date Correction Plan Due 9/26/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	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.

Name - Certified Operator / Licensed Center Itty Bitty Kiddy City		Provider Number / Facility ID Number 2000583402 / 001 - 1012829		
Address - Facility (Street, City, State, Zip Code) 2602 W Linwal Ln Milwaukee WI 53209		Telephone Number 414-871-1543	Date - Regulation Visit 9/10/2024	
	RECEIVED STATE OF WISCONSIN OCT. 1 2024 SOUTHEASTERN REGIONAL OFFICE DCF DECE BECR			
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m. Child Record - Health History Description: There is no health history information and emergency care plan on file for Child 1. Repeat violation: Previously cited on 8/7/2023	HEALTH HISTORY FORM COMPLETED	9/17/24	
2	250.06(2)(c) Access To Materials Potentially Harmful To Children Description: Insect spray, labeled keep out of reach of children, was observed in an unlocked cabinet under the kitchen sink. Night shade (a deadly plant) was observed in the outdoor play space and accessible to children. Repeat violation: Previously cited on 8/7/2023	SPRAY REMOVED AND PLANTS REMOVED FROM OUTER PLAY AREA	9/14/24	

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3	250.06(2)(k) Deteriorating Or Toxic Paint Description: Flaking paint was observed around the window in the outdoor play space and accessible to children. Repeat violation: Previously cited on 8/7/2023	PAINT SCRAPED AND REMOVED	9/14/24	
4	250.06(2)(m) Premises - Condition & Repair Description: In the outdoor play space, mold was observed on the side of the house.	OUT door PLAY AREA CLEANED AND mold REMOVED OFF HOUSE	9/14/24	
5	250.06(2)(n)1.b. Radon - Testing, Current Providers Description: A test for radon gas levels was not conducted by 9/1/2023.	TEST COMPLETED (NEG RESULTS)	9/20/24	
6	250.07(3)(a)4. Play Equipment - Condition Description: In the outdoor play space, children's toys were dirty and broken toys with sharp edges were accessible to children. Repeat violation: Previously cited on 8/7/2023	OUTSIDE PLAY AREA CLEANED AND broken TOYS REMOVED	9/14/24	

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7	250.07(3)(e) Trampolines & Inflatable Bounce Surfaces Description: An inflatable bounce toy was observed in the outdoor play space and accessible to children.	Toy Removed	9/14/24

NAME - Agency Worker
Kristin Keck, Sara Cooney

Date Issued
9/12/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



9/20/2024

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(f) and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be use secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be sl with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI) ROGERS, KAMARI	Address - Home (Street, City, State, Zip Code) 4653 N. 18 MILWAUKEE, WI 53209	
Telephone Number 414-659-7288	Birthdate (mm/dd/yyyy) 12/18/2020	Date - First Day of Attendance (mm/dd/yyyy) 10/04/2021

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name ASIA ROGERS	Telephone Number - Home 414-659-7288	Telephone Number - Work N/A	Telephone Number - Cellula 414-659-7288
Name N/A	Telephone Number - Home N/A	Telephone Number - Work N/A	Telephone Number - Cellula N/A

PHYSICIAN / MEDICAL FACILITY INFORMATION

Name - Physician DR. OLIVER CARSON	Address - Medical Facility 3522 W. LEBSON AVE	Telephone Number 414-935-
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SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name ANY BRAND USED BY CENTER	Ingredient Strength MINIMUM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.	Brand Name ANY BRAND USED BY CENTER	Ingredient Strength MINIMUM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name ANY BRAND USED BY CENTER	Ingredient Strength MINIMUM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.	Brand Name ANY BRAND USED BY CENTER	Ingredient Strength MINIMUM

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

- Check any special medical condition that your child may have.
 - No specific medical condition
 - Asthma
 - Cerebral palsy / motor disorder
 - Other condition(s) requiring special care - Specify.
 - Diabetes
 - Epilepsy / seizure disorder
 - Gastrointestinal or feeding concerns including special diet and supplements
 - Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
 - Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
 - Food allergies - Specify food(s).
 - Non-food allergies - Specify.

9/14/24

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

6. When to call parents regarding symptoms or failure to respond to treatment.

ASAP IF SOMETHING HAPPENS THAT NEED IMMEDIATE ATTENTION.

7. When to consider that the condition requires emergency medical care or reassessment.

NO CONDITIONS OR MEDICAL PROBLEMS OR KNOWN ALLERGIES

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Quinn Rogers

Date Signed (mm/dd/yyyy)

9/17/2024

Review dates: _____