Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/8/2026		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 / license centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) and (3)(j), 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 rules 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	Provider Number / Facility ID Number
Kids Palace Academy Phase II Llc	3000588233 /001 - 2001859

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
4429 W North Ave Milwaukee WI 532081241	414-585-9813	8/20/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. **Child Record - Health History** Description: The Heath History form for Child#2 is not accurate. it states the child needs an inhaler daily however staff report the parent took the inhaler home as the child no longer needs it.	Child #2 Parent updated the Health History form. The parent will send an extra inhaler to the Center for emergencies.	9-11-2026	
2	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff A who has been employed for more than 30 days does not have a physical on file saying they are physically able to work with children and are free from illness.	Staff(A) was given a Staff Health Report Staff(A) said she Shall have it By Sept 11, 2026	9-11-2026	

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3	25.05(2)(a)6. **Staff Record - Days & Hours Worked** Description: The staff hours documented do not indicate which classroom the staff is working in.	Class rooms were updated with a Sign in/out Sheet. Each Staff will sign In/out of each classroom that they're needed in.	8-31-26	
4	25.05(3)(gr)3.a. **Meal Prep Personnel - Training** Description: Staff B does not have a current (within the last 12 months) training in food handling, nutrition and kitchen sanitation. The last training on file expired in January 2026	Staff (B) has receve continue education on Meal Prep	9-5-2026	
5	25.055(1)(f) **Child Tracking Procedure** Description: The child tracking was not accurate in the school age room for two children. A child who was marked as present on the child tracking was in another classroom and a child who was present was not on the child tracking.	A meeting was held with Staff going over how to tracked the Kids from to room. In the future the tracking will be accurate for each room.	8-24-2026	
6	25.06(9)(d)1.a. **Food Storage - Perishable, Potentially Hazardous Food** Description: A frozen package of Salisbury steak is sitting on the counter to thaw. Label states "keep frozen".	The Kitchen will Follow the instruction/direction on all lable of each Frozen package that will be cooked.	8-21-2026	

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Address – Facility (Street, City, State, Zip Code) 4429 W North Ave Milwaukee WI 532081241	**Telephone Number** 414-585-9813	**Date - Regulation Visit** 8/20/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7	25 1)6(9)(d)1.c. **Food Storage - Cold Storage Thermometer** Description: The thermometer in the refrige rator and freeze r located in the Infant room is broken.	The Thermometers were All replace.	8-25-2026	
8	25 1)7(3)(b)2. **Equipment - Quantity For Indoors** Description: There is not enough appropriate school age equipment for the group of schoo age children at the time of the visit.	The School Age Room was upgraded with Toys and puzzle that are appropriate with the ages in the School Room	08-26-2026	
9	25 1)7(4)(e) **Nap Or Rest Periods - Bedding Maintenance, Storage, Cleanliness** Description: Several stacks of cots, accessi be to children are not covered. Repeat violation: Previously cited on 9/9/202	All Cots have been clean and Sanitize Also COVER.	08-28-2026	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
10	251.07 (9)(a)4. **Meals & Snacks - Minimum Meal Requirement** Description: The menus list fruit and vegetables but does indicate the type of fruit or vegetable. Snacks being served only show one component, not two which is required	All the menus were updated with the State guideline require For All Meals, and Snacks.	9-22-2026	
11	251.07 (9)(a)5.a. **Menus - Post** Description: The menu posted is not dated.	In the future all menus thats are posted will be date for the week.	08-24-26	
12	251.07 (9)(dm)3.c **Medical Log - Medication Administration** Description: Medication given to a child 18 times during January, February and March is not documented in the medical log book	In the future all Medication Aministrated will be recorded on All Medical forms and Also added to the medical Log book.	9-21-2026	
13	251.08 (9)(c) **Information In Vehicle - Route And Stops** Description: There are no routes and stops available at the center or in the vehicle for children who are transported to and from home and school.	We will be creating Route and Stop document for All driver that are being transported from, Home or School to the Center	9-14-2026	

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
14 251.08(4)(b) **Driver Orientation Requirement** Description: Staff D does not have an annual driving training on file.	Staff D - Training was updated and file.	8-20-26	

NAME - Agency Worker
Sara Cooney, Maureen Slaten

Date Issued
8/25/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Della Williams

Date Signed
09-08-2026

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