

Date Correction Plan Due	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)(f) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 251.04(2)(K) 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. Put your 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 staff. 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 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 correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a 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 receive notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center K-Way Learning Center	Provider Number / Facility ID Number 9000591409 / 001 - 2006584
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Address - Facility (Street, City, State, Zip Code) 4227 N 21st St Milwaukee WI 532096711	Telephone Number 770-568-2834	Date - Regulation Visit 4/17/2024
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verific. Date
1	<p>250.04(2)(L) Background Check Request Form - Addition To Household</p> <p>Description: IL was in the bathroom area when a person came walking out of a room. The individual does not have a completed BCR on file/an approved background.</p>	<p>Have Benita Wilson complete background check</p>	4.23.24	
2	<p>250.04(6)(a)1m. Child Record - Health History</p> <p>Description: Child 1 is missing a Health History form. The child has been enrolled since September of 2023.</p>	<p>Child parent has completed the appropriate form all future children enrolled folders will be verified before services.</p>	4.19.24	

Received
State of Wisconsin

MAY 15 2024

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Provider Number / Facility ID Number

K-Way Learning Center

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770-568-2834

Date - Regulation Visit
4/17/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verifica Date
3	250.04(6)(a)4.d. Child Record - Heath Exam Report Description: Child 2 was missing a Health Exam Report	Health exam form requested from parent to be returned asap. File has been updated and form was returned	4/23/24	
4	250.04(6)(b) Current, Accurate Daily Attendance Record Description: IL observed a child present however the child was not signed in on the attendance sheet at the time of the monitoring visit.	All children must be signed in upon arrival to center.	4.18.24	
5	250.05(2)(a) Staff File - Staff Record Form Description: IL was not able to verify a staff file for individual working with children.	Staff files will be verified before employment and renewed monthly.	4.18.24	
6	250.05(2)(c) Staff File - Days, Hours Worked Description: IL was not able to verify the days or hours worked for the staff present and working with children.	Staff files will be verified before employment start date and reviewed monthly.	4.18.24	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7	250.05(2)(g) Staff File - Orientation Description: IL was not able to verify a staff orientation completed for the staff person caring for the children.	Staff orientation has been completed and in file. All staff files will be verified before employment start date.	4.17.24	
8	250.05(4)(a) Staff Orientation - Documentation Description: IL was not able to verify documentation of a staff orientation for individual working directly with children.	All staff files will be verified before employment and documents have been completed and in file.	4.17.24	
9	250.06(3)(b) Emergency Plans - Practice Description: IL was not able to verify that Emergency Plans were practiced monthly.	Emergency plans are practiced monthly and posted on parent wall for inspectors and families	4.17.24	
10	250.07(4)(d) Naps - Bedding Description: A child was observed napping on a plastic mat with no blanket or sheet.	All children have separate sheets for all mats for nap time located in plastic bin next to mats.	4.17.24	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
11	250.09(1)(c)4. Infant & Toddler - Soft Materials In Cribs Description: The IL observed the pack n play beds with large blankets laying inside of them.	No blankets or objects are allowed in pack and play. Should be cleaned and changed daily.	4.17.24
12	250.09(2)(e) Infant & Toddler - Physical Contact & Attention Description: IL observed 2 young children sitting in chairs with little to no interaction during today's visit(one child was in a high chair and the other in an infant seat on the floor).	Licensee has prepared daily schedule for children while in care to keep interaction and learning activities and transitions in place	4.18.24

NAME - Agency Worker
Tammy Saffold

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

5.10.24