

Date Correction Plan Due  
11/6/2024

# NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL

**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

Provider Number / Facility ID Number

Ky Kye Ki Childcare

3000590253 / 001

Address - Facility (Street, City, State, Zip Code)

Telephone Number

Date - Regulation Visit

6961 N 37Th St 4 Milwaukee WI 532092462

414-975-6132

10/21/2024

Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected  
Completion Date

Verification  
Date

- 1 202.08(1)(a)2.  
Each Child Care Operator Shall Demonstrate That The Operator Is Free From Tuberculosis Prior To Initial Certification. Each Provider Shall Demonstrate That He Or She Is Free From Tuberculosis Prior To The Date The Provider Begins Working With Children In Care.

Description: Staff B did not have document on file stating she was free from Tuberculosis prior to working with children in care.

How I will go about  
This the next time I  
plan on having worked  
is by making sure  
all paper work is in  
and complete.

10-27-24

~~10/21/24~~ SB

Name - Certified Operator / Licensed Center

Ky Kye Ki Childcare

Address - Facility (Street, City, State, Zip Code)

6961 N 37Th St 4 Milwaukee WI 532092462

Provider Number / Facility ID Number

3000590253 / 001

Date - Regulation Visit

10/21/2024

Telephone Number

414-975-6132

Correction Plan

I will have to begin putting out time lines for my work's to have thing in place and or making sure once again that everything is being done in a timely manner

Expected Completion Date

10-27-24

Verification Date

~~10-21-24~~

SB

Rule/Statute Number  
Noncompliance Statement

- 2 202.08(1)(b)1.  
Prior To Certification And Prior To Beginning To Work With Children Each Provider, Including Volunteers, Substitutes, And Emergency Back-Up Providers, Or Any Other Person Who Provides Care And Supervision For Children Under One Year Of Age Shall Complete Training In The Most Current Medically Accepted Methods For Reducing The Risk Of Sudden Infant Death Syndrome.

Description: Staff B did not complete and did not have training for reducing the risk of sudden infant death syndrome on file.

- 3 202.08(1)(b)2.  
Prior To Certification And Prior To Beginning To Work With Children Each Provider, Including Volunteers, Substitutes, And Emergency Back-Up Providers, Or Any Other Person Who Provides Care And Supervision For Children Under 5 Years Of Age Shall Complete Department-Approved Training On Shaken Baby Syndrome And Abusive Head Trauma And Appropriate Ways To Manage Crying, Fussing, Or Distraught Children.

Description: Staff B did not have Shaken Baby Syndrome And Abusive Head Trauma And Appropriate Ways completion of training on file.

every will have to present all certificate up front in order to work here at the center every thing must be up to date

10-27-24 ~~10-21-24~~

SB

Name - Certified Operator / Licensed Center

Ky Kye Ki Childcare

Address - Facility (Street, City, State, Zip Code)

6961 N 37Th St 4 Milwaukee WI 532092462

Provider Number / Facility ID Number

3000590253 / 001

Date - Regulation Visit

10/21/2024

Telephone Number

414-975-6132

Correction Plan

Expected Completion Date

10-27-24

Verification

Date

SB

~~10-21-24~~

Rule/Statute Number  
Noncompliance Statement

- 4 202.08(1)(b)3.a.  
Each Certified Child Care Operator And Each Provider Shall Comply With S. 48.651 And Complete Training Including At Least 2 Credits In Early Childhood Education Or A Non-Credit Course In Caring For Children That Is Approved By The Department.

Description: Staff B did not have Introduction to the Child Care Profession completed on file.

By make sure that every one have all Required classes in be for hiring

- 5 202.08(1)(b)3.d.  
Each Certified Operator And Each Provider Shall Comply With S. 48.651 And Obtain And Recertify As Necessary To Maintain Current Certification In Infant And Child Cardiopulmonary Resuscitation (Cpr). The Cpr Training Must Result In A Certificate Of Completion. If The Certificate Of Completion Does Not Have A Date Specifying The Length Of Time For Which It Is Valid, The Cpr Training Must Be Renewed Every Year.

Description: Staff B did not have CPR completed and it was not on file.

by letting them know that they will not be able to work with out having that classes in place

10-27-24

SB

~~10-21-24~~

- 6 202.08(1)(b)4.d.  
A Substitute Shall Complete The Training Specified In Subd. 1. And 2. But Need Not Meet Requirements Under Subd. 3. Until The Substitute Has Worked For 240 Cumulative Hours.

Description: Staff B have worked 275 hours as of August 2024 and have not met the training requirement that was needed.

By by staying on top of how many have they have worked and letting them know that they will not be able to work pass the hour unit they have everything in

10-27-24

~~10-21-24~~ SB

Name - Certified Operator / Licensed Center

Ky Nye Ki Childcare

Address - Facility (Street, City, State, Zip Code)  
6961 N 37th St 4 Milwaukee WI 532092462

Provider Number / Facility ID Number

3000590253 / 001

Telephone Number  
414-975-6132

Date - Regulation Visit  
10/21/2024

Rule/Statute Number  
Noncompliance Statement

- 9 202.08(4m)(e)1.-5.  
An Operator Shall Ensure That Each Provider, Volunteer, Substitute, And Emergency Back-Up Provider, Receives An Orientation Before Beginning Work That Covers The Following:
1. The Names And Ages Of Children In Care.
  2. A Review Of Children's Records, Including Parent And Emergency Contact Information.
  3. Specific Information Relating To A Child's Special Health Care Needs, Including Administration Of Medications, Disabilities, Allergies, Or Other Special Health Conditions.
  4. A Review Of The Operator's Plan For Responding To Emergencies.
  5. A Review Of This Chapter.

Description: Staff B did not have an orientation checklist on file stating that orientation was received before working.

Correction Plan

Expected  
Completion Date

Verification  
Date

by double checking  
all paper work

10-27-24

~~10-21-24~~ SB

NAME - Agency Worker

Lou Thao

Date Issued

10/23/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

10-27-24