

Date Correction Plan Due
11/20/2025

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	10/29/2025
#	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	<p>202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following:</p> <ol style="list-style-type: none"> 1. The Parents' Home And Work Phone Numbers. 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan. 3. The Parents' Signed Consent For Emergency Medical Care. 4. A Name And Number To Call If The Child Requires Emergency Medical Care. <p>Description: Child #6 was missing emergency contact and number and the physician information on the enrollment and health history information.</p>	<p>One thing that I will be doing is going over all my paperwork and make so that I don't have this run in a gin and by asking my families if I could feel in the information. If they will allow me to.</p>	11-8-25

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Ky Kye Ki Childcare

3000590253 / 001

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

6961 N 37Th St 4 Milwaukee WI 532092462

Telephone Number

414-975-6132

Date - Regulation Visit

10/29/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	<p>202.08(1m)(a)10.a. A Certified Child Care Operator Shall Comply With The Conditions Of The Certification. The Number Of Children In Care At Any Time May Not Exceed The Number Specified.</p> <p>Description: Attendance sheets were reviewed, the operator has had 7 children in care when she is only allowed to have 6 children in care at one time through out the attendance sheets.</p> <p>Attendance were reviewed, the operator had 5 children under 7 years of age that was not related to the operator in care.</p>	<p>making sure that Im not over on the amount of children Im supposed to have at all time all ways looking at my attendance to see if Im over lapping</p>	11-8-25	
3	<p>202.08(2)(f) The Premises, Furnishings, And Equipment Shall Be Free From Litter And Vermin, Maintained In A Sanitary Condition, And In Good Repair.</p> <p>Description: The basement had mold growing on the wall where the sump pump was located.</p>	<p>my landlord thats with had hasing will be coming out to take care of that when its done I will let you know about it.</p>	<p>11-8-25 11-10-25</p>	
4	<p>202.08(4)(a)1. For Each Child Under 2 Years Of Age, A Report Of A Physical Examination Conducted Not More Than 6 Months Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 6 Months Thereafter.</p> <p>Description: children #4 and #5 were missing an updated health report.</p>	<p>by staying on top of who will need what in at a certain time and asking families to schedule appointments soon</p>	11-8-25	

Name - Certified Operator / Licensed Center

Ky Kye Ki Childcare

Provider Number / Facility ID Number

3000590263 / 001

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

6961 N 37th St 4 Milwaukee WI 532092462

Telephone Number

414-975-6132

Date - Regulation Visit

10/29/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
[Faint, illegible text in the first column of the table]	[Faint, illegible text in the second column of the table]	[Faint, illegible text in the third column of the table]	[Faint, illegible text in the fourth column of the table]

NAME - Agency Worker

Lou Thao, Deborah Kersting

Date Issued

11/6/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

[Handwritten Signature]

Date Signed

11-8-25