

Date Correction Plan Due 3/28/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 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 Kidzworks Preschool And Daycare		Provider Number / Facility ID Number 8000582728 / 001 - 1012181		
Address - Facility (Street, City, State, Zip Code) 2460 Milwaukee Rd Beloit WI 53511		Telephone Number 608-927-3669	Date - Regulation Visit 3/4/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff C did not have documentation on file of current infant/child CPR training as required.	<i>purchased class, and had staff complete promptly</i>	<i>3/8/25</i>	
2	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff A, B and C did not have documentation of completed Child Abuse and Neglect Prevention training on file as required.	<i>Had staff that did not have completed complete it. 2 staff had completed not in file. Printed & placed in files</i>	<i>3/4/25</i>	

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3	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The medical log books in multiple classrooms had not been reviewed within the last six months as required.	Set A Reminder on calendar to do every month so never missed again. signed & highlighted 3/4/25	3/4/25
4	251.07(6)(f)5. Medication Administration - As Labeled & Authorized Description: Medication kept on site did not match the authorization form as the medication had expired.	went through all medication sent home any need and re filled out authorizations	3/4/25

NAME - Agency Worker
Jenny Sweeney

Date Issued
3/14/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
3/17/25