

Date Correction Plan Due
7/6/2023

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
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 / 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
4000589094 / 019 - 2006138

Kids Connection Of Rawson

Address - Facility (Street, City, State, Zip Code)
3130 W Rawson Ave Franklin WI 531328327

Telephone Number
414-459-1884

Date - Regulation Visit
6/21/2023

| Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
|---|---|-----------------------------|----------------------|
| 1 251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills Description: Fire and tornado drills were not documented for May 2023. | Proper documentation of all drills after they happen. | 6/21/23 | |
| 2 251.06(4)(m)2. Fire Alarms & Smoke Detectors - Testing Description: Fire alarms and smoke detector checks were not documented for Jan-May 2023. | Reminders have been put in my calendar for the 3rd of every month | 6/26/23 | |

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number
4000589094 / 019 - 2006138

Kids Connection Of Rawson

Address - Facility (Street, City, State, Zip Code)
3130 W Rawson Ave Franklin WI 531328327

Telephone Number
414-459-1884

Date - Regulation Visit
6/21/2023

| Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
|---|--|-----------------------------|----------------------|
| 3 251.06(9)(c)1. Safe Food Description: An open container of infant/toddler food puffs was not used within 5 days of opening per statement on side of label (dated 6/6/2023). | All containers will be checked and followed per instructions on label. | 6/21/23 | |
| 4 251.06(9)(f)3. Food - Leftover Prepared Food Description: A ziplock bag of baked snack cake was observed in a kitchen cabinet that was not labeled/dated. | NO unused food will be kept after served. | 6/21/23 | |

NAME - Agency Worker
Laura Taylor

Date Issued
6/22/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed