

Date Correction Plan Due
6/25/2024

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

Kids Connection Of Rawson

4000589094 / 019 - 2006138

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

Telephone Number
414-459-1884

Date - Regulation Visit
6/3/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff B does not have an updated CPR certificate on file for review (expired 2/2024).	STAFF B TO ATTEND SCHEDULED CPR COURSE	7/10/2024	
2 251.06(10)(f) Bathroom Supplies Description: There were no hand towels in the Two B bathroom.	HAND TOWELS REPLACED IN TWO B BATHROOM	6/3/2024	

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<p>3 251.06(9)(d)2.a. Food Storage - Dry Food</p> <p>Description: Two open bags of flour were observed in the kitchen cabinet that were not stored in a ziplock bag or food storage container.</p> <p>An open carton of Goldfish crackers was observed in the Preschool A room that was not stored in a ziplock bag or food storage container.</p>	<p>DISPOSE OF FLOUR IMMEDIATELY - PROVIDE PROPER STORAGE CONTAINER RETRAIN STAFF OF PROPER FOOD STORAGE PROCEDURES</p>	<p>6/3/2024</p>	

NAME - Agency Worker
Laura Taylor

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Issued
6/11/2024

6/11/2024
Date Signed