

Name - Certified Operator / Licensed Center
 Kiddie Kare Family Day Care Ha
 Address - Facility (Street, City, State, Zip Code)
 323 State St Dousman WI 531189343
 Telephone Number
 262-337-2905
 Provider Number / Facility ID Number
 6000569296 / 001 - 235126
 Date - Regulation Visit
 11/13/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.04(6)(a)4. b. Child Record - Physical Exam - Over 2, Under 5 Description: Child #2 (age 3) does not have a follow-up Child Health Report on file that was completed within the last two years. The most recent Child Health Report on file for Child #2 is dated 9/13/22	Have parent get form from Dr	11/25/2024	

NAME - Agency Worker
 Maureen Statten

Date Issued
 11/15/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Maureen Statten

Date Signed
 11/18/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
282-446-7800

Date Correction Plan Due
11/25/2024

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 202.086, DCF 260.04(2)(b) and (3)(b), DCF 261.04(2)(L) and (3)(f), DCF 262.41(1)(L) and (2)(N). 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. 48.716. 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.

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Address - Facility (Street, City, State, Zip Code)
323 State St. Douanman WI 531189343

Telephone Number
262-337-2905

Date - Regulation Violation
11/13/2024

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)1. Child Record - Enrollment Information	Description: Enrollment information on file for Child #1 is complete. The "yes/no" parental authorization boxes have not been completed.	Have parent correct.	11/13/2024	
2 250.04(6)(a)1m. Child Record - Health History	Description: The parent for Child #3 has not identified on the Health History and Emergency Medical Care plan whether or not Child #3 has a specific medical condition.	Have parent correct	11/13/2024	