

Date Correction Plan Due 2/21/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 262-446-7800
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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)(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 K-K Family Day Care		Provider Number / Facility ID Number 8000578508 / 002 - 1011984		
Address - Facility (Street, City, State, Zip Code) 15065 W Kingsway Dr New Berlin WI 531515842		Telephone Number 414-322-5975	Date - Regulation Visit 1/29/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(3)(c) <b>Report - Construction, Remodeling</b>  Description: The licensee failed to report the construction of a half bathroom in the basement.	<i>Going forward any repairs or updates will be reported before project is started</i>	<i>2-8-2024</i>	
2	250.04(6)(a)1m.f. <b>Child Record - Health History - Medical Condition Symptoms</b>  Description: The health history information regarding directions on what steps to take, which identified staff person has special training/instructions to help treat symptoms, and when to call parents regarding symptoms/failure to respond to treatment was not on file for Child #5.	<i>The Health History form for Child #5 is now updated and filled in completely.</i>	<i>2-1-2024</i>	

Name - Certified Operator / Licensed Center

K-K Family Day Care

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Telephone Number

414-322-5975

Date - Regulation Visit

1/29/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
	<i>Handwritten correction plan text, including "The provider will..."</i>	<i>Handwritten completion date: 3-1-2024</i>	

NAME - Agency Worker

Crescenta Sabree, Tameka Thompson

Date Issued

2/6/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Handwritten signature: Lisa M. Morice*

Date Signed

*Handwritten date: 2-8-2024*