

Date Correction Plan Due 2/17/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	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.

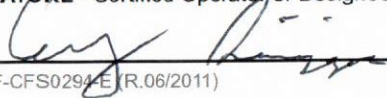
Name - Certified Operator / Licensed Center First United Day Care Center		Provider Number / Facility ID Number 2000558012 / 001 - 220180		
Address - Facility (Street, City, State, Zip Code) 919 60Th St Kenosha WI 53140		Telephone Number 262-658-1433	Date - Regulation Visit 1/30/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: No record of staff hours assigned to which classrooms available	Staff have been given sign in sheets in each room to document which staff member is in charge of classroom.	2/3/26	
2	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Last documented med log review conducted in December of 2023. Review required every six months by rule	Med log was reviewed on 1-30-2026 by staff member.	2/3/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.07(6)(i)2. Adult Handwashing Description: No staff hand washing after wiping bodily secretions as required by rule	Staff was retrained on handwashing.	1-30-26
			Verification Date

NAME - Agency Worker
Paul Spink

Date Issued
2/3/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

2/4/26