

<b>Date Correction Plan Due</b> 7/2/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 608-422-6765
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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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>	
Kids Club		0000555670 / 004 - 1009252	
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>
101 S Grant St Belleville WI 53508		608-289-3378	6/17/2026
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	251.05(2)(a)2. <b>Staff Record - Completed Background Check</b>  Description: Staff A did not have documentation from the department of a completed eligible background check prior to their first day in the classroom on June 10, 2026.  Repeat violation: Previously cited on 7/29/2025	Staff A has a complete background check in her staff file.	6/18/26
2	251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>  Description: Staff A, B, C and D, did not have documentation on file of completing abusive head trauma prevention training.  Repeat violation: Previously cited on 7/29/2025, 10/10/2024	Staff A, B, C and D will complete abusive Head Trauma Training.	7/17/26

<b>Name - Certified Operator / Licensed Center</b> Kids Club		<b>Provider Number / Facility ID Number</b> 0000555670 / 004 - 1009252	
<b>Address - Facility (Street, City, State, Zip Code)</b> 101 S Grant St Belleville WI 53508		<b>Telephone Number</b> 608-289-3378	<b>Date - Regulation Visit</b> 6/17/2026
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b> <b>Verification Date</b>
3	251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: Staff D did not have documentation on file of having completed training on child abuse and neglect at least every 2 years.  Repeat violation: Previously cited on 7/29/2025	Staff D has completed the child abuse and neglect training.	7/1/26

**NAME - Agency Worker**  
Sara Bossingham Obrien

**Date Issued**  
6/18/2026

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*Sara Obrien*

**Date Signed**  
7-1-26