

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due 11/14/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 620-785-7811
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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		Provider Number / Facility ID Number					
A Plus After Sch Program Karate America		000589160 / 002 - 2003713					
Address - Facility (Street, City, State, Zip Code) W7007 Parkview Dr D Greenville WI 549429077		Telephone Number 920-757-7744	Date - Regulation Visit 10/30/2025				
	Correction Plan	Expected Completion Date	Verification Date				
<table border="1"> <thead> <tr> <th data-bbox="464 787 499 812"></th> <th data-bbox="499 787 997 812">Rule/Statute Number Noncompliance Statement</th> </tr> </thead> <tbody> <tr> <td data-bbox="464 803 499 820">1</td> <td data-bbox="499 803 997 966"> 251.04(5)(a)5 Child Record - Alternate Arrival / Release Agreement Description: 5 of the 7 children records checked did not have alternate release forms in them for the children that come to the center by way of a bus. </td> </tr> </tbody> </table>		Rule/Statute Number Noncompliance Statement	1	251.04(5)(a)5 Child Record - Alternate Arrival / Release Agreement Description: 5 of the 7 children records checked did not have alternate release forms in them for the children that come to the center by way of a bus.	THESE WERE LOCATED IN EACH CHILD'S FOLDER IN THE RED A+ AFTER SCHOOL BINDER	10/30/2025	
	Rule/Statute Number Noncompliance Statement						
1	251.04(5)(a)5 Child Record - Alternate Arrival / Release Agreement Description: 5 of the 7 children records checked did not have alternate release forms in them for the children that come to the center by way of a bus.						

NAME - Agency Worker
Jill KeltnerDate Issued
10/31/2025

SIGNATURE - Certified Operator of Designee / Licensee or Designee

Date Signed

10/31/2025