Date Correction Plan Due 9/23/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL

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**	
Kusd Head Start - Kenosha Schl Of Language		2000567332 / 029 - 2007430	
Address - Facility (Street, City, State, Zip Code) 6315 67Th St Kenosha WI 531421447	**Telephone Number** 262-359-2006	**Date - Regulation Visit** 9/8/2026	

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.05(3)(b) **Abusive Head Trauma Prevention Training** Description: The staff were not able to provide documentation of abusive head trauma training at the time of the visit.	Document sent via email 9/10/26 9:23am	9/10/26	
2	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: The staff were not able to provide documentation of infant and child CPR at the time of the visit.	Document sent via email 9/10/26 9:23am	9/10/26	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: The staff were unable to provide documentation of biennial child abuse and neglect training at the time of the visit.	Document sent via email 9/10/26 9:23 am	9/10/26	

NAME - Agency Worker
Jennifer Brees

Date Issued
9/9/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Annette Glazebrook

Date Signed 9/10/26