Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
12/19/2025		920-785-7811

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
Kmymca Jackson Elementary	9000559219 / 045 - 2008430

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
W204n1685 0 Jackson Dr Jackson WI 530379601	262-247-1030	12/3/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(2)(c) **Current, Accurate Information** Description: Based on records review, the information for staff member D was not entered in the Center's Portal, however, the staff was working with children.	All staff members will be entered into the portal for all sites they work.	01/14/26	
2	251.04(6)(a)1. **Child Record - Enrollment Information** Description: Based on records review, the information regarding the children's first day of attendance was missing.	Children's First day of program will be accessible in each program.	01/14/26	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Kmymca Jackson Elementary		9000559219 / 045 - 2008430	
Address - Facility (Street, City, State, Zip Code) W204n1685 0 Jackson Dr Jackson WI 530379601	**Telephone Number** 262-247-1030	**Date - Regulation Visit** 12/3/2025	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date** / **Verification Date**
3	251.04(6)(a)2. **Child Record - Emergency Medical Consent** Description: Based on records review, the children's files were missing the emergency medical care and treatment information.	Childrens files will Contain Emergency Consents.	01/19/26

NAME - Agency Worker
Gloribel Tegen

Date Issued
12/5/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
1/6/25