Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/19/2026		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 Kewaskum Elementary	9000559219 / 044 - 2008429

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1415 Bilgo Ln Kewaskum WI 530408921	262-343-6349	11/3/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. **Child Record - Immunization History** Description: Based on records review, the program did not have the immunization on file for child #1.	Immunization records will be obtained for all participants	11/30	
2	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Based on records review, the program did not have a health examination form on file for staff member A.	Staff physicals will be kept on file	11/18	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(b) **Abusive Head Trauma Prevention Training** Description: Based in records review, the program did not have the Abusive Head Trauma Prevention Training information on file for staff member B.	Staff B will have AHT prev. certificate uploaded		
4	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: Based on records review, the CPR certificate for staff member B expired on 10/20/26.	CPR will be renewed	12/15	
5	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Based in records review, the program did not have the biennial Child Abuse and Neglect Prevention Training information on file for staff members A and B.	CAN training will be uploaded	11/18	
6	251.05(4)(c)2m. **Continuing Education Requirement - Less Than 8 Months** Description: Based on records review, the staff file for staff member B was missing the continuing education hours information for the 2025 training year.	2025 training will be available for audits	11/18	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Gloribel Tegen

Date Issued
11/5/2026 11/18/26

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed