Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/9/2026		608-422-6765

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
Kwis Rise	0000591970 / 001 - 2007193

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1012 Bennett St Janesville WI 53545	608-719-2283	9/23/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(2)(m) **Background Check Request Form - Current Resident Turns 10** Description: A Background Information Disclosure form was not submitted for a household member who turned age 10 in 2025.	Adding the Kids early and also adding date to Calander Inmonth early so leave enough time to complete task	10-6-2026	
2	250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: The provider did not complete child abuse and neglect training every 2 years as required when the last certificate was dated August 2024.	Going Forward we are Adding the expertation dates into our phones 1 month early so I am More on top of the dates for the certificates	10-13-2026	

NAME - Agency Worker
Sara Bossingham O'Brien

Date Issued
9/25/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
10-7-2026