

Date Correction Plan Due 3/13/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 Library Square School Cdc		Provider Number / Facility ID Number 1000558021 / 002 - 1011729		
Address - Facility (Street, City, State, Zip Code) 5900 7Th Ave Kenosha WI 531404133		Telephone Number 262-656-1957	Date - Regulation Visit 2/27/2026	
	Rule/Statute Number Noncompliance Statement 1 251.07(6)(dm)3.c Medical Log - Medication Administration Description: Daily medication dispensed to a child was not being recorded in the preschool room medical log book.	Correction Plan Staff in classroom were retrained on medication procedures. Log in medical book and form. regular checks will be made by Admin	Expected Completion Date 03-02-2026	Verification Date
	2 251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: A written authorization for medication for a child did not include administration instructions. A child requiring an over the counter medication was requested to be given <input type="checkbox"/> as needed <input type="checkbox"/> , however the explanation as to when/why it should be administered and signs and symptoms to look for were not indicated.	Medication Form was re-filled out by parent adding signs and symptoms.	03-02-2026	

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262-656-1957

Date - Regulation Visit

2/27/2026

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

NAME - Agency Worker
Jennifer Brees

Date Issued
2/27/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Amanda Knight

Date Signed

2/27/26