Date Correction Plan Due 10/19/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 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**
Kool Kids-Allenton	9000593579 / 002 - 2009799

Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
228 Weis St Allenton WI 530029570	262-629-1718	10/1/2026

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.05(2)(a)6. **Staff Record - Days & Hours Worked** Description: Based upon record review three staff members were not signed in to the program when counted in staff to child ratio.	talked with staff about the rule requiring them to sign in when they arrive.	10/2/26	
2	251.06(2)(i) **Deteriorating Paint** Description: Based upon observation, the paint to the right of the stage was deteriorated in areas accessible to children	Head of maintenence was notified and he is working on repairs	notified 10/6/26	

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3	251.07(6)(f)6. **Current Authorizations For Medications On Premises** Description: Based upon record review a child medication authorization on premise had an expired timeframe of authorization.	went through all medication + forms with staff - contacted parents for updated forms	10/7/24	

NAME - Agency Worker
Amanda Holz

Date Issued
10/5/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Jessica Siegert

Date Signed
10/6/26