

Date Correction Plan Due 7/31/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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 Kidstown Usa School-Age Program		Provider Number / Facility ID Number 9000557039 / 002 - 1003240	
Address - Facility (Street, City, State, Zip Code) 600 12Th St Mosinee Elementary School Mosinee WI 544551099		Telephone Number 715-470-1600	Date - Regulation Visit 7/16/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff H did not have a health report on file. Repeat violation: Previously cited on 8/5/2024	Have texted Staff H on this. Not sure if he will be back this fall.	9/30/26
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff C, Staff D and Staff H did not have current CPR certificates on file.	Staff C completed Staff D will completed. this fall in College - River Falls - 12/31/26 Staff H - have texted to find out if completed this summer - Not sure if he will be back with me this fall. make sure I follow thru with this training	

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3	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff C, Staff D, Staff E, Staff F, Staff G, Staff H and Staff I did not have current child abuse and neglect training certificates on file. Repeat violation: Previously cited on 8/5/2024	Completed - C, D, F, I done Have contacted Staff H by text - waiting on response if will be working in the fall. Contacted E (sub for summer) on finishing this. Staff G. Make sure I follow thru with training.	7/31/26 done 9/30/26	
4	251.05(4)(c)9. Continuing Education - Documentation Of 12 Month Period Description: Staff A, Staff D, Staff E, and Staff F did not have documentation on file of completing 15 hours of continuing education in 2025.	Staff A - has 2 classes to finish to complete. Staff D - completed Educated Phych - requested a copy for file. Staff E - requested copy of transcript. Staff F - set her up with a class or two make sure I follow thru with training	12/31/26	
5	251.07(6)(f)6. Current Authorizations For Medications On Premises Description: Per observation, there were expired medications (Benadryl and Epi-pen) at the center.	Medication was given directly from school use. Came in a locked bag. Missed checking date - never had been used. Requested new one from Parent. Talked to all staff on following through inspection of all meds.	7/31/26	
6	251.094(5)(c)2. School-Age Group Leader - High School Or Equivalent Description: Staff I did not have a high school or equivalent on file.	Staff had just graduated this May, and I didn't receive a copy yet. I requested a copy from staff and put in file.	7/17/26	

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	Correction Plan on all pg. 1 + 2 . 1) Design a time line in my program (computer) as a reminder of all training.	12/31/26	

NAME - Agency Worker
Bonnie Davis

Date Issued
7/17/2026

SIGNATURE Certified Operator or Designee / Licensee or Designee

Date Signed
7/31/26