Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/13/2026		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
Evansville Kid Connection Llc	5000 77515 / 002 - 1013730

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
420 S 4Th St Evansville WI 53536	608-220-4931	9/28/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: Staff B did not have a current CPR certificate on file.	Adult CPR/AED, Pediatric CPR and First Aid was completed on 9/29/2026	9/29/2026	
2	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff B did not complete child abuse and neglect training every 2 years.	Staff member has been given the website for the Mandated Reporter training. The training will be completed by 10/31/2026	10/31/2026	

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

NAME - Agency Worker
Rebecca Brickson

Date Issued
9/29/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

3	251.05(4)(c)1. **Continuing Education Requirement - Full Time Staff** Description: Staff B did not complete at least 15 hours of continuing education annually. Repeat violation: Previously cited on 10/2/2025	CPR/First Aid training, Mandated Reporter training will be completed and will add on six hours. Staff member will be given resources for completing the other hours.	12/31/2026	