

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

Date Correction Plan Due
3/26/2025

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 Kids Connection
Provider Number / Facility ID Number 5000556985 / 002 - 1007928

Address - Facility (Street, City, State, Zip Code) 660 Mcmillen St Fort Atkinson WI 535381275
Telephone Number 920-568-1902
Date - Regulation Visit 3/11/2025

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.07(6)(f)1.a. Medication Administration - Parent Authorization	Description: Medications kept in a classroom did not have a signed parent authorization on file that included the child's name and birthdate, name of medication, administration instructions, medication intervals and length of the authorization dated.	-Signed Med forms for 1 child were in classroom binder. -2nd child with Ibuprofen was no longer using, so medicine sent home on 3/12/25.	3 / 1 2 / 2 5	

NAME Agency Worker
Michelle Garcia

Date Issued
3/12/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Chris Roloff

Date Signed
3/13/25