Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
5/13/2026		

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
Cardinal Kids Club		7000555857 / 002 - 2100950
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
S1450 Cty Rd Cc Spring Valley WI 547670249	715-778-5551	4/22/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Documentation of Staff B having received training within one week after beginning work at the center and at least every 2 years thereafter, on child abuse and neglect laws, how to identify children who have been abused or neglected, and the procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities, could not be located.	Staff has completed CAN Training. Developed a calendar to ensure staff are taking correct trainings.	5/14/26	
2	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: There was not a current Authorization to Administer Medication form for a child's Tylenol and Ibuprofen. Repeat violation: Previously cited on 7/9/2025	Medication was sent home. moving forward all meds will have a completed Medication Authorization form. Director will do daily checks to ensure.	5/14/26	

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

NAME - Agency Worker
April Callihan

Date Issued
4/29/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
E. Mueller

Date Signed
5/15/26