

<b>Date Correction Plan Due</b> 5/15/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

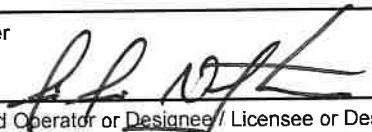
**Instructions:** The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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.

<b>Name - Certified Operator / Licensed Center</b> Key To Life Christian Childcare		<b>Provider Number / Facility ID Number</b> 6000582226 / 001 - 1011649		
<b>Address - Facility (Street, City, State, Zip Code)</b> 3915 Sandy Ln Weston WI 544761667		<b>Telephone Number</b> 715-359-5451	<b>Date - Regulation Visit</b> 4/15/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	<p>251.04(3)(jm) <b>Report - Prohibited Actions</b></p> <p>Description: The center did not report to DCF prohibited actions by an employee to a child within 24 hours of the occurrence. The prohibited actions occurred on 3-7-25 and were not reported until 3-20-25.</p> <p>Repeat violation: Previously cited on 9/8/2023</p>	<p>The administrative staff reviewed the DCF required reporting guidelines of 24 hours. Admin's will communicate with follow through when reporting.</p>	5/8/25	
2	<p>251.07(2)(e)2. <b>Prohibited Actions - Verbal</b></p> <p>Description: On 3-7-25, Staff A, cornered Child 1 and yelled at the child in close proximity to his face.</p> <p>Repeat violation: Previously cited on 9/8/2023</p>	<p>All staff will be reviewing the licensing <del>act</del> rules for verbal prohibited actions at the May staff meeting.</p>	5/20/25	

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3	251.07(2)(e)3. <b>Prohibited Actions - Physical Restraint, Restriction, Enclosure</b>  Description: On 3-7-25, Staff A held Child 2 down on the ground causing a red mark on his back.	All staff will be reviewing the licensing rules for Physical Restriction Prohibited actions at the May staff Meeting.	5/20/25
			<b>Verification Date</b>

**NAME - Agency Worker**  
Bonnie Davis

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**



**Date Issued**  
5/1/2025

**Date Signed**  
5/9/2025