

Date Correction Plan Due
11/18/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
920-785-7811

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 252.965, DCF 250.04(2)(b) and (3)(d), DCF 251.04(2)(L) and (3)(5), DCF 232.41(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

Kiel Cooperative Preschool

2000577892 / 001 - 420300

Address - Facility (Street, City, State, Zip Code)
621 6Th St Kiel WI 530421307

Telephone Number
920-901-9235

Date - Regulation Visit
11/3/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The logbook was not reviewed once every 6 months - it was last reviewed on 2/1/25.	Reviewed immediatly after class on 11/3/25	11/3/25	11/3/25

NAME - Agency Worker
Jill Kellner

Date Issued
11/4/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Adele L. Hartman

Date Signed

11/3/25