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| <b>Date Correction Plan Due</b><br>5/1/2025 | <b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b> | <b>TO FILE A COMPLAINT CALL</b><br>920-785-7811 |
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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.

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| <b>Name - Certified Operator / Licensed Center</b><br>Kce Champions Llc - Bay Harbor                    |   | <b>Provider Number / Facility ID Number</b><br>0000580590 / 060 - 1013508   |   |                          |
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>1590 Harbor Lights Rd Suamico WI 541737909 |   | <b>Telephone Number</b><br>920-434-5981   | <b>Date - Regulation Visit</b><br>4/16/2025 |                          |
|   | <b>Rule/Statute Number</b><br><b>Noncompliance Statement</b>  | <b>Correction Plan</b>  | <b>Expected Completion Date</b>             | <b>Verification Date</b> |
| 1   | 251.04(6)(a)6m.<br><b>Child Record - Immunization History</b><br><br>Description: Child #2 on the staff record checklist did not have an immunization history located in their file.                        | We will ensure we are obtaining all immunization history going forward (Fall 2025, or summer) If they do not return it to us within 2 weeks we will let them know we cannot take their child until it is completed. | June 9th, 2025                              |                          |
| 2   | 251.04(6)(a)8.b.<br><b>Child Record - Physical Exam - Over 2, Under 5</b><br><br>Description: Child # 6 on the child record checklist is 4 years old and did not have a health report located in their file | We will ensure we are obtaining all paperwork going forward (Fall 2025, or summer) If they do not return it to us within 2 weeks we will let them know we cannot take their child until it is completed.            | June 9th, 2025                              |                          |

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| 3   | 251.05(2)(a)3.a.<br><b>Staff Record - Physical Examination</b><br><br>Description: Staff B on the staff record checklist did not have record of a health exam located in her file.  | This employee did complete their physical, but we did not receive a copy. Requesting new copy from facility. | June 1st, 2025                              |
| 4   | 251.05(3)(cm)<br><b>Child Abuse &amp; Neglect - Biennial Training</b><br><br>Description: Staff A on the staff record checklist did not have an updated child abuse and neglect training certificate located in their file. The most recent certificate of completion was on September 7, 2021. | Employee will do updated Abuse/Neglect training so it is updated.  | June 9th, 2025                              |

**NAME** - Agency Worker  
Clint Smith

Date Issued  
4/17/2025

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

*Sheena Knoespel*

Date Signed  
5/23/25