

Date Correction Plan Due 12/4/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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.

Name - Certified Operator / Licensed Center Kce Champions Llc At Deer Creek Elem		Provider Number / Facility ID Number 0000580590 / 102 - 2008638		
Address - Facility (Street, City, State, Zip Code) 3680 S Kinnickinnic Ave St Francis WI 532353742		Telephone Number 414-451-8873	Date - Regulation Visit 11/19/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(4)(a)2.c. Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication Description: A parent was not notified immediately of a head injury that occurred on 9/15/2025 that was noted in the injury log book. The parent had been informed at the time the child was picked up.	Area manager re trained site director and team on protocol surrounding head injury and that we will always call the parents. Even if we think the child is okay and/or the injury seems minor, we always report it with an incident report along with a phone call to the parents to make them aware.	Completed on 11/21/25	
2	251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills Description: There was no documentation of the fire and tornado drills that were practiced in September and October 2025.	Site director was given the DCF form for documenting drills which include fire and tornado.	Completed on 11/21/25	

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3	251.07(6)(dm)2. Medical Log - Pages & Entries Description: A page was removed from the medical/injury log book.	Sire director and team were re trained on proper policy and shown how to correctly fill out log books. Any error made in log book shall have a single line drawn through it with initials, so you can see what was originally written.	Completed on 11/21/25

NAME - Agency Worker
Jennifer Brees

Date Issued
11/19/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jeanna Johnson, area manager *jeanna johnson*

Date Signed
11/24/2025