Date Correction Plan Due 2/12/2026	**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 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**
Kce Champions Llc At St. John's	0000580590 / 100 - 2008624

Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
2561 Glendale Ave Green Bay WI 543136821	920-530-2625	1/15/2026

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.04(2)(L)1.a. **Monitoring Results Posted** Description: Based on observation the center failed to have the recent monitoring results posted.	Monitoring results will be posted	2/15/26	
2	251.04(6)(a)6. **Child Record - Health History** Description: Based on record review on 1/15/26 according to the Child Record Checklist Child 3 failed to have a Health History on file. The program is moving towards online registration. Repeat violation: Previously cited on 11/18/2025	Staff will add this document to the child's file.	2/15/26	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date** / **Verification Date**
3	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Based on record review on 1/15/26 according to the Staff Record Checklist Staff Member B failed to have Biennial Child Abuse and Neglect on file. Repeat violation: Previously cited on 11/18/2025	Staff member will add this to their file.	2|15|26
4	251.07(5)(b)5. **Eating Surfaces - Cleaned, Sanitized** Description: Based on observation on 1/15/26 the tables failed to be sanitized after meals. The tables were washed with soap and water but failed to be sanitized after use.	Tables will be Sanitized after meals	2|15|26

NAME - Agency Worker
Cassandra Debauche

Date Issued
1/29/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Kelley Farwell, area Manager

Date Signed
2-9-2026