Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
2/26/2026		262-446-7800

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 Pewaukee		0000580590 / 050 - 1010776	
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**	
436 Lake St Pewaukee WI 53072	262-226-7535	2/6/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)2. **Child Record - Emergency Medical Consent** Description: Children 1, 2, 3, and 4 did not have documentation of consent from the parent for emergency medical treatment.	We have worked with KindeCare and located the consent for emergency medical treatment within the new Program and now have documentation available. All child files with be renewed upon receipt and quarterly to ensure all required documentation is complete	2/23/2026	
2	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: Staff C and E did not have documentation of current CPR training available.	Staff will be trained on 2/27/2026 by Pulses First Aide All Staff will be up to date. Going forward, CPR expiration dates will be tracked and renewed monthly.	02/27/2026	

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3	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff A-E did not have documentation on file of current approved training in child abuse & neglect laws, identification, and reporting.	All Staff have recieved the correct online training and have taken the state approved certification. Documentation has been placed in each staff file.	2/20/2026	
4	251.07(6)(dm)3.b. **Medical Log - Injury In Care** Description: A few incidents were not entered into the medical log book on the day the injuries occurred.	All incidents have been entered into the log and all staff have been re-trained on the correct procedures when logging an incident.	02/18/2026	
5	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: A medication authorization did not include the end date for the authorization.	The medication authorization has been updated with the correct and specific dates.	02/18/2026	

NAME - Agency Worker
Cindy Matuszak

Date Issued
2/12/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
(Dena Laufenberg)

Date Signed
02/26/2026