

<b>Date Correction Plan Due</b> 4/24/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Kce Champions Llc - Bay Harbor		<b>Provider Number / Facility ID Number</b> 0000580590 / 060 - 1013508		
<b>Address - Facility (Street, City, State, Zip Code)</b> 1590 Harbor Lights Rd Suamico WI 541737909		<b>Telephone Number</b> 920-434-5981	<b>Date - Regulation Visit</b> 4/8/2026	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(2)(L)1.a. <b>Monitoring Results Posted</b>  Description: Based on observation on 4/8/26, the last monitoring results were not posted.	Monitoring results will be posted moving forward.	4/24/26	
2	251.05(2)(a)8. <b>Staff Record - Orientation</b>  Description: Based on record review on 4/8/26, staff C did not have a completed orientation on file and started on 1/12/26.	We will keep orientation documents in all staff files.	4/24/26	

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3	<p>251.06(3)(b)4. <b>Emergencies - Record Of Fire / Tornado Drills</b></p> <p>Description: Based on record review on 4/8/26, fire drills were not completed for November and December of 2025. Tornado drills were not completed for September and October of 2025. There was no record of fire drills for January, February and March of 2026.</p>	<p>The site team will keep records of their drills in the emergency binder.</p>	<p>4/24/26</p>	
4	<p>251.07(6)(dm)4. <b>Medical Log - Reviewing Injury Records</b></p> <p>Description: Based on record review on 4/8/26, the medication log book was not reviewed within the last six months. It was last reviewed in May 2025.</p>	<p>The medical log will be reviewed and initialed every 3 months</p>	<p>4/24/26</p>	

NAME - Agency Worker  
Dao Xiong

*Lucy Brnell*

*area manager*

Date Issued  
4/10/2026

*4/11/2026*

Date Signed

SIGNATURE - Certified Operator or Designee / Licensee or Designee