Date Correction Plan Due 10/14/2026	**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) 2561 Glendale Ave Green Bay WI 543136821	**Telephone Number** 920-530-2625	**Date - Regulation Visit** 9/29/2026	

	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 on 9/29/26, the center failed to post the last monitoring results. Corrected during visit. ✱ Repeat violation: Previously cited on 1/15/2026	Monitoring results will be posted.	10/29/26	
2	251.05(2)(a)4.b. **Staff Record - Registry Certificate - School Age Programs** Description: Based on record review on 9/29/26, staff B failed have a Wisconsin Registry certificate. Repeat violation: Previously cited on 11/18/2025	Staff B will add their WI Registry certificate upon receipt.	10/29/26	

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3	251.05(4)(c)9. **Continuing Education - Documentation Of 12 Month Period** Description: Based on record review on 9/29/26, staff A and B failed to have documentation of completing continuing education.	Staff A & B will add this documentation.	10/29/26	
4	251.06(9)(d)1.c. **Food Storage - Cold Storage Thermometers** Description: Based on observation on 9/29/26, the snack refrigerator failed to have a thermometer. Repeat violation: Previously cited on 11/18/2025	We will "add" the thermometer again. It was there previously.	10/29/26	
5	251.07(5)(a)5.b. **Menus - Plan** Description: Based on record review on 9/29/26, the menu failed to be planned a week in advance and dated.	Menu will be planned in advance & dated.	10/29/26	
6	251.07(6)(dm)1. **Medical Log Book** Description: Based on record review on 9/29/26, the medical log book failed to be numbered.	Medical log book will be numbered.	10/29/26	

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7	251.094(3)(c)4. **School-Age Director - Training** Description: Based on record review on 9/29/26, staff A failed to have director training. Repeat violation: Previously cited on 11/18/2025	Staff A will add director training to file	10/29/26	

NAME - Agency Worker
Dao Xiong

Date Issued
9/30/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
10/01/26