Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/10/2026		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 Forest Glen Elem	0000580590 / 038 - 1010358

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1935 Cardinal Ln Green Bay WI 54313	920-434-6115	10/26/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(5)(a)5.b. **Menus - Plan** Description: Based on record review on 10/26/26, the menu failed to be planned a week in advance and dated.	Menu will be planned a week in advance and dated.	11/26/26	
2	251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: Based on record review on 10/26/26, the medical log book failed to be reviewed every six months and was lasted reviewed in February 2026. Repeat violation: Previously cited on 5/27/2025	Medical log will be reviewed every 6 months.	11/26/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.094(6)(c) **School-Age Program Aide - Training** Description: Based on record review on 10/26/26, staff D failed to have documentation of program aide training and qualifications within the first 6 months of employment. Staff D started in March 2025.	Staff D is enrolled in appropriate courses now. Staff will add documentation. (once acquired)	12/10/26	
4	251.095(2m)(c) **School-Age Care - Supervision Of Group Of Children** Description: Based on observation on 10/26/26, staff D, who is a none qualified program aid was in sole supervision of a group of children without a school-age program leader or child care teacher. Repeat violation: Previously cited on 5/27/2025	Staff D meets 251.05 (3) (f) a, b, c and is currently enrolled in the appropriate coursework. Staff D will not be without a program lead until coursework is completed.	12/10/26	

NAME - Agency Worker
Dao Xiong

Date Issued
10/27/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
area manager

Date Signed
10/28/26