

Date Correction Plan Due
11/3/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
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)(l) 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

Kids Connection Of River Crest

4000589094 / 014 - 2006031

Address - Facility (Street, City, State, Zip Code)
419 Rivercrest Ct Mukwonago WI 531491759

Telephone Number
262-363-0927

Date - Regulation Visit
10/20/2025

| Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
|---|---|-----------------------------|----------------------|
| <p>1 251.07(4)(e) Naps Or Rest Periods - Bedding Maintenance, Storage, Cleanliness</p> <p>Description: Cots stored under the cabinet ledge were not covered. **corrected during licensing visit**</p> | <p>All identified instances of non-compliance have been addressed and resolved during the licenser's on-site visit.</p> | 10/20/2025 | 10/20/2025 |
| <p>2 251.07(6)(dm)4. Medical Log - Reviewing Injury Records</p> <p>Description: The medical log book in the front office was not reviewed in the past six months (last reviewed 12/2/2024). **corrected during licensing visit**</p> | <p>All identified instances of non-compliance have been addressed and resolved during the licenser's on-site visit.</p> | 10/20/2025 | 10/20/2025 |

Name - Certified Operator / Licensed Center
Kids Connection Of River Crest

Address - Facility (Street, City, State, Zip Code)
419 Rivercrest Ct Mukwonago WI 531491759

Provider Number / Facility ID Number
4000569094 / 014 - 2006031

Telephone Number
262-363-0927

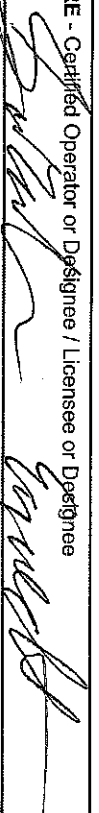
Date - Regulation Visit
10/20/2025

| Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
|--|-----------------|-----------------------------|----------------------|
| | | | |

NAME - Agency Worker
Laura Taylor

Date Issued
10/20/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

10/21/2025