

Date Correction Plan Due  
12/4/2025

**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)(f) 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 Chapman Farms

4000589094 / 013 - 2006030

Address - Facility (Street, City, State, Zip Code)  
130 Chapman Farms Blvd Mukwonago WI 531498877

Telephone Number  
262-363-2266

Date - Regulation Visit  
11/5/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1</p> <p>251.055(2)(a) <b>Group Size - Maximum</b></p> <p>Description: On 10/31/25, the Infant B room was out of ratio for 9 minutes between 8:11am-8:20am. Nine children were signed in to the room exceeding group size maximum of 8.</p>	<p>Staff have been reminded of the importance of signing children in and out promptly upon arrival and departure.</p>	<p>11/6/25</p>	
<p>2</p> <p>251.055(2)(b) <b>Staff-To-Child Ratios - Minimum</b></p> <p>Description: On 10/31/25, the Infant B room was out of ratio for 9 minutes between 8:11am-8:20am. Nine children were signed in to the room.</p>	<p>Staff have been reminded of the importance of signing children in and out promptly upon arrival and departure.</p>	<p>11/6/25</p>	

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NAME - Agency Worker  
Laura Taylor, Joel Marquez

Date Issued  
11/20/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Jessie Horton - Jessie Horton*

*12/11/25*