Date Correction Plan Due 10/15/2026	**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)(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**
Kids Connection Clarendon	4000589094 / 018 - 2006035

Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
915 Clarendon Ave Mukwonago WI 531491248	262-266-0145	9/16/2026

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: Injury records in the medical log book are not reviewed every 6 months as required. The last documented injury record review was on 02/18/26. Repeat violation: Previously cited on 2/18/2026	The injury records in the medical log book have been reviewed and updated documented injury record review is 9/14/26	9/14/26	
2	251.07(6)(f)1.b. **Medication Administration - Containers & Labeling** Description: Hydrocortisone cream, a bottle of Advil, and cold and flu tablets being stored at the center are not labeled.	items were tossed.	9/14/26	

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3 251.07(6)(f)6. **Current Authorizations For Medications On Premises** Description: Hydrocortisone cream, a bottle of Advil, and cold and flu tablets being stored at the center are all expired. The medication authorization for an inhaler being stored at the center ended on 09/01/26. Repeat violation: Previously cited on 2/18/2026, 8/13/2025	items were tossed & inhaler form was updated during visit.	9/16/26	

NAME - Agency Worker
Daniel Noel

Date Issued
9/30/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
10/1/26