

Date Correction Plan Due 7/7/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 Karate America		Provider Number / Facility ID Number 5000588545 / 003 - 2004591		
Address - Facility (Street, City, State, Zip Code) 854 Janesville St Oregon WI 535751636		Telephone Number 608-438-5750	Date - Regulation Visit 6/18/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.42(1)(a)3. Staff File - Background Check Results Description: Staff A did not have a completed background check prior to working with children. Repeat violation: Previously cited on 12/9/2024, 11/20/2024, 6/20/2024, 11/20/2023	Staff A has completed their background check as of 6/19/25	6/19/25	
2	252.44(6)(e)4. Medication Storage - Current Authorization Description: Prescription medication being stored at camp had an expired medication authorization form. Repeat violation: Previously cited on 6/20/2024	The medical authorization form was updated on 6/19/25.	6/19/25	

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Provider Number / Facility ID Number

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854 Janesville St Oregon WI 535751636

Telephone Number

608-438-5750

Date - Regulation Visit

6/18/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1. The facility failed to ensure that all staff are properly trained and supervised in the use of force.</p> <p>2. The facility failed to ensure that all staff are properly trained and supervised in the use of force.</p>	<p>Staff training on use of force completed 6/18/25</p> <p>Supervisor training on use of force completed 6/18/25</p>	<p>6/18/25</p>	
<p>3. The facility failed to ensure that all staff are properly trained and supervised in the use of force.</p> <p>4. The facility failed to ensure that all staff are properly trained and supervised in the use of force.</p>	<p>Staff training on use of force completed 6/18/25</p> <p>Supervisor training on use of force completed 6/18/25</p>	<p>6/18/25</p>	
<p>5. The facility failed to ensure that all staff are properly trained and supervised in the use of force.</p> <p>6. The facility failed to ensure that all staff are properly trained and supervised in the use of force.</p>	<p>Staff training on use of force completed 6/18/25</p> <p>Supervisor training on use of force completed 6/18/25</p>	<p>6/18/25</p>	
<p>7. The facility failed to ensure that all staff are properly trained and supervised in the use of force.</p> <p>8. The facility failed to ensure that all staff are properly trained and supervised in the use of force.</p>	<p>Staff training on use of force completed 6/18/25</p> <p>Supervisor training on use of force completed 6/18/25</p>	<p>6/18/25</p>	
<p>9. The facility failed to ensure that all staff are properly trained and supervised in the use of force.</p> <p>10. The facility failed to ensure that all staff are properly trained and supervised in the use of force.</p>	<p>Staff training on use of force completed 6/18/25</p> <p>Supervisor training on use of force completed 6/18/25</p>	<p>6/18/25</p>	

NAME - Agency Worker

Rebecca Brickson

Date Issued

6/20/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Sam D Waidley

Date Signed

6/20/2025