

|                                             |                                                    |                                                 |
|---------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>Date Correction Plan Due</b><br>9/1/2026 | <b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b> | <b>TO FILE A COMPLAINT CALL</b><br>608-422-6765 |
|---------------------------------------------|----------------------------------------------------|-------------------------------------------------|

**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.

|                                                                                                    |                                                                                                                                                                                                                                                               |                                                                           |                                            |                          |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| <b>Name - Certified Operator / Licensed Center</b><br>Karate America                               |                                                                                                                                                                                                                                                               | <b>Provider Number / Facility ID Number</b><br>5000588545 / 003 - 2004591 |                                            |                          |
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>854 Janesville St Oregon WI 535751636 |                                                                                                                                                                                                                                                               | <b>Telephone Number</b><br>608-438-5750                                   | <b>Date - Regulation Visit</b><br>8/6/2026 |                          |
|                                                                                                    | <b>Rule/Statute Number<br/>Noncompliance Statement</b>                                                                                                                                                                                                        | <b>Correction Plan</b>                                                    | <b>Expected Completion Date</b>            | <b>Verification Date</b> |
| 1                                                                                                  | 252.42(1)(a)3.<br><b>Staff File - Background Check Results</b><br><br>Description: Staff B did not have a completed background check prior to working with children.<br><br>Repeat violation: Previously cited on 8/25/2025, 6/18/2025, 12/9/2024, 11/20/2024 | Staff B has completed their background check.                             | 8/14/2026                                  |                          |
| 2                                                                                                  | 252.42(1)(a)4.<br><b>Staff File - Pre-Camp Training</b><br><br>Description: Staff A did not complete annual pre-camp training.                                                                                                                                | Staff A has current documentation of completion.                          | 8/7/2026                                   |                          |

|                                                                                                    |                                                                                                                                                                     |                                                                           |                                            |                          |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| <b>Name - Certified Operator / Licensed Center</b><br>Karate America                               |                                                                                                                                                                     | <b>Provider Number / Facility ID Number</b><br>5000588545 / 003 - 2004591 |                                            |                          |
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>854 Janesville St Oregon WI 535751636 |                                                                                                                                                                     | <b>Telephone Number</b><br>608-438-5750                                   | <b>Date - Regulation Visit</b><br>8/6/2026 |                          |
|                                                                                                    | <b>Rule/Statute Number</b><br><b>Noncompliance Statement</b>                                                                                                        | <b>Correction Plan</b>                                                    | <b>Expected Completion Date</b>            | <b>Verification Date</b> |
| 3                                                                                                  | 252.42(1)(a)6.<br><b>Staff File - High School Diploma Or Equivalent</b><br><br>Description: Staff B did not have a high school diploma or equivalent on file.       | Staff B's High School Diploma is in their file.                           | 8/7/2026                                   |                          |
| 4                                                                                                  | 252.43(3)(c)<br><b>Fire Protection Facilities &amp; Equipment Maintenance &amp; Inspections</b><br><br>Description: Fire extinguishers were not inspected annually. | Fire extinguishers were brought in for inspection.                        | 8/7/2026                                   |                          |

**NAME - Agency Worker**  
Rebecca Brickson

**Date Issued**  
8/18/2026

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*Sarah Waidley*

**Date Signed**

8/20/2026