Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/12/2026		920-785-7811

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 Hq Child Care Center		4000589854 / 001 - 2004524	
Address - Facility (Street, City, State, Zip Code) 1911 S Washburn St Oshkosh WI 549048292	**Telephone Number** 920-456-0440	**Date - Regulation Visit** 10/28/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. **Child Record - Enrollment Information** Description: Two children #4&5 did not have their doctors contact info on their enrollment form - see checklist.	Upon enrollment, staff will ensure that documents are complete with all relevant information provided by the parent.	11/23/26	
2	251.04(6)(a)6m. **Child Record - Immunization History** Description: Two children #4 and 5 did not have their immunization history in their files - see checklist.	Staff will prioritize making sure that immunizations are obtained within 30 days of enrollment.	11/23/26	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Kids Hq Child Care Center		4000589854 / 001 - 2004524	
Address - Facility (Street, City, State, Zip Code) 1911 S Washburn St Oshkosh WI 549048292	**Telephone Number** 920-456-0440	**Date - Regulation Visit** 10/28/2026	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date** / **Verification Date**
3	251.04(6)(a)8.b. **Child Record - Physical Exam - Over 2, Under 5** Description: Two children #4 & 5, did not have a current physical (once every 2 years) in their file - see checklist.	Staff will ensure that physicall exams are updated and present in each child's file within 30 days of enrollment	11/23/26
4	251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: The infant room logbook was not reviewed once every 6 months - last reviewed on 2/13/26.	Infant Medical book has been reviewed and will be reviewed every 6 months by a member of the management team.	11/9/26
5	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: Om 10/28/26 there were 5 bottles of Tylenol, 2 teething gels, 3 bottle of acetaminophen, and 1 bottle of Motrin that had blanket authorizations and needed to be sent home. Repeat violation: Previously cited on 5/12/2026	Medications and authorizations will be checked weekly to ensure no medications are left longer than needed.	10/29/26

NAME - Agency Worker
Jill Kellner

Date Issued
10/29/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
CMS Kasen

Date Signed
11/17/26