

Date Correction Plan Due 12/17/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 Kindercare Learning Ctrs 1304		Provider Number / Facility ID Number 0000555710 / 018 - 420184		
Address - Facility (Street, City, State, Zip Code) 3036 N Ballard Rd Appleton WI 549118707		Telephone Number 920-749-9878	Date - Regulation Visit 12/3/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(b) Abusive Head Trauma Prevention Training Description: Two staff members did not have abusive head trauma training prior to working with children - see checklist.	Completed 12-5	12-5	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: One staff member did not have a current CPR certificate in her file - see checklist from 7/18/24. Repeat violation: Previously cited on 7/18/2024, 2/7/2024	Training Scheduled for 12-19	12-19	

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3	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: 1 intake was missing in the toddler B room and 1 intake had pages missing in the toddler A room. Repeat violation: Previously cited on 7/18/2024	Tod B child no longer attends. Tod A childs was updated + signed 12-13	12-13

NAME - Agency Worker
Jill Kellner

Date Issued
12/3/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

12-17-2024