

Date Correction Plan Due 12/19/2025	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)(l) 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 1035		Provider Number / Facility ID Number 0000555710 / 013 - 420008		
Address - Facility (Street, City, State, Zip Code) 1101 S Taylor St Green Bay WI 543042041		Telephone Number 920-496-0009	Date - Regulation Visit 10/24/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(a) Staff - Competency Description: On 09/23/2025 and 10/07/2025, Staff A was observed sleeping in a rocking chair while holding an infant in her arms while bottle feeding the child. Staff A confirmed this in interview.	Staff member re-assigned to group that does not require rocking until medically cleared	10/24/25	
2	251.07(2)(e) Child Guidance - Prohibited Actions Description: Staff A used prohibited actions, on multiple occasions, when getting frustrated and using an inappropriate tone and yelling at infants in response to their crying. Staff A confirmed this in interview. Repeat violation: Previously cited on 2/13/2025, 8/2/2024	Staff retrained on DAP Guidance	11/18/25	

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Kindercare Learning Ctrs 1035

0000555710 / 013 - 420008

Address - Facility (Street, City, State, Zip Code)
1101 S Taylor St Green Bay WI 543042041

Telephone Number
920-496-0009

Date - Regulation Visit
10/24/2025

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

NAME - Agency Worker
Erin Taylor, Dao Xiong

Date Issued
12/5/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

12/07/25