

|   |  |   |
|---|--|---|
| <b>Date Correction Plan Due</b><br>11/25/2025 | <b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b> | <b>TO FILE A COMPLAINT CALL</b><br>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.

| <b>Name - Certified Operator / Licensed Center</b><br>Kindercare Learning Ctrs 937              |  | <b>Provider Number / Facility ID Number</b><br>0000555710 / 019 - 420068 |  |                                 |                          |  |  |
|---|--|--|--|---------------------------------|--------------------------|--|--|
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>2407 S Oneida St Appleton WI 54915 |  | <b>Telephone Number</b><br>920-738-6920                                  | <b>Date - Regulation Visit</b><br>6/16/2025  |                                 |                          |  |  |
|   | <b>Rule/Statute Number</b><br><b>Noncompliance Statement</b>   | <b>Correction Plan</b>   | <table border="1"> <thead> <tr> <th data-bbox="1518 714 1772 779"><b>Expected Completion Date</b></th> <th data-bbox="1772 714 1971 779"><b>Verification Date</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="1518 779 1772 1052"></td> <td data-bbox="1772 779 1971 1052"></td> </tr> </tbody> </table> | <b>Expected Completion Date</b> | <b>Verification Date</b> |  |  |
| <b>Expected Completion Date</b>   | <b>Verification Date</b>   |  |  |                                 |                          |  |  |
|   |  |  |  |                                 |                          |  |  |
| 1   | 251.04(6)(a)8.b.<br><b>Child Record - Physical Exam - Over 2, Under 5</b><br><br>Description: Of 6 Children's Records reviewed 2 were missing documentation of an updated exam.                                | one child disenrolled<br>one child sent record<br>6/30/2025              | 6/30/25  |                                 |                          |  |  |
| 2   | 251.05(2)(a)3.a.<br><b>Staff Record - Physical Examination</b><br><br>Description: Of 6 Staff Records reviewed 1 was missing documentation of an exam.<br><br>Repeat violation: Previously cited on 10/18/2023 | Child disenrolled<br>for failure to provide<br>exam                      | 7/18/25  |                                 |                          |  |  |

| Name - Certified Operator / Licensed Center  |   | Provider Number / Facility ID Number   |                                      |                      |
|--|---|--|--------------------------------------|----------------------|
| Kindercare Learning Ctrs 937   |   | 0000555710 / 019 - 420068  |                                      |                      |
| Address - Facility (Street, City, State, Zip Code)<br>2407 S Oneida St Appleton WI 54915 |   | Telephone Number<br>920-738-6920   | Date - Regulation Visit<br>6/16/2025 |                      |
|  | Rule/Statute Number<br>Noncompliance Statement  | Correction Plan  | Expected<br>Completion Date          | Verification<br>Date |
| 3  | 251.05(2)(a)4.a.<br><b>Staff Record - Registry Certificate</b><br><br>Description: Of 6 Staff Records reviewed 1 was missing documentation of a Registry Certificate.<br><br>Repeat violation: Previously cited on 11/14/2024   | Registry Certificate placed in file July 17th was awaiting the Registry to finalize update | 7/17/25                              |                      |
| 4  | 251.05(2)(a)4.d.<br><b>Staff Record - Educational Qualifications</b><br><br>Description: Of 6 Staff Records reviewed 1 was missing documentation of of educational qualifications to support their position.  | Teacher began classes 6/30/2025  | 6/30/25                              |                      |
| 5  | 251.05(2)(a)5.<br><b>Staff Record - High School Diploma</b><br><br>Description: Of 6 Staff Records reviewed 1 was missing documentation of a High School Diploma or equivalent.   | Pulled HS Diploma from transcript site on 6/20/2025  | 6/20/25                              |                      |
| 6  | 251.05(2)(a)7.<br><b>Staff Record - Continuing Education</b><br><br>Description: Of 6 Staff Records reviewed 2 were missing documentation of 15 hours of continuing education for current year reviewed-2024.<br><br>Repeat violation: Previously cited on 11/14/2024 | Correct documentation placed in file as of 7/17/25   | 7/17/25                              |                      |

| Name - Certified Operator / Licensed Center  |  | Provider Number / Facility ID Number   |                                      |                      |
|--|--|--|--------------------------------------|----------------------|
| Kindercare Learning Ctrs 937   |  | 0000555710 / 019 - 420068  |                                      |                      |
| Address - Facility (Street, City, State, Zip Code)<br>2407 S Oneida St Appleton WI 54915 |  | Telephone Number<br>920-738-6920   | Date - Regulation Visit<br>6/16/2025 |                      |
|  | Rule/Statute Number<br>Noncompliance Statement   | Correction Plan  | Expected<br>Completion Date          | Verification<br>Date |
| 7  | 251.05(3)(c)<br><b>Cardiopulmonary Resuscitation Training</b><br><br>Description: Of 6 Staff Records reviewed 1 was missing documentation of current CPR training.   | Documentation was placed in file 7/11/2026   | 7/11/26                              |                      |
| 8  | 251.05(3)(cm)<br><b>Child Abuse &amp; Neglect - Biennial Training</b><br><br>Description: Of 6 Staff Records reviewed 5 were missing documentation of Biennial CAN Training.<br><br>Repeat violation: Previously cited on 11/14/2024           | went through all staffs Registry Account to screen shot completion of CAN training | 6/20/2025                            |                      |
| 9  | 251.09(1)(c)<br><b>Infant &amp; Toddler - Documenting Changes In Development</b><br><br>Description: Of 6 Children's Records reviewed 2 were missing documentation of updated intakes.<br><br>Repeat violation: Previously cited on 10/18/2023 | Both parents signed documents as of 6/20/2025                                      | 6/20/25                              |                      |
| 10   | 251.09(1)(e)<br><b>Infant &amp; Toddler - Provider Training</b><br><br>Description: Of 6 Staff Records reviewed 1 was missing documentation of I/T training.   | Teacher began class as of 6/30/25  | 6/30/25                              |                      |

|   |                        |  |   |
|---|------------------------|--|---|
| <b>Name - Certified Operator / Licensed Center</b><br>Kindercare Learning Ctrs 937              |                        | <b>Provider Number / Facility ID Number</b><br>0000555710 / 019 - 420068 |   |
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>2407 S Oneida St Appleton WI 54915 |                        | <b>Telephone Number</b><br>920-738-6920                                  | <b>Date - Regulation Visit</b><br>6/16/2025 |
| <b>Rule/Statute Number</b>  | <b>Correction Plan</b> | <b>Expected Completion Date</b>  | <b>Verification Date</b>                    |
| <b>Noncompliance Statement</b>  |                        |  |   |

**NAME - Agency Worker**  
Ruth Sprangers

**Date Issued**  
11/11/2025

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



**Date Signed**

11/23/2025