

<b>Date Correction Plan Due</b> 4/1/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 920-785-7811
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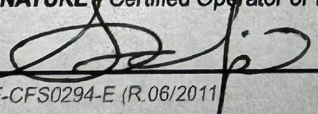
**Use of Form:** This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(l) 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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>		
Victory Child Care And Preschool		0000591650 / 001 - 2006699		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
E3443 Apple Tree Ln Waupaca WI 549817801		715-258-9661	3/14/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>  Description: Two staff members did not have abusive head trauma training prior to working with children - see checklist.	Staff will complete AHT training and submit certificates within 24 hours. I will create a to do list for guiding us as we hire new staff to prevent this in the future.	3/19/24	
2	251.05(4)(a) <b>Staff Orientation - Develop, Implement, Document</b>  Description: Two staff members did not have their orientation completed within their first week of employment - see checklist.	Orientation forms will be completed and placed in files within first week of employment and placed in file  I will develop a system to file this right away when completed and develop a checklist to use as we hire staff	3/19/24	

**NAME - Agency Worker**  
Jill Kellner

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



Date Issued  
3/18/2024

Date Signed  
3/19/24