

<b>Date Correction Plan Due</b> 3/12/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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> Victory Child Care And Preschool		<b>Provider Number / Facility ID Number</b> 0000591650 / 001 - 2006699		
<b>Address - Facility (Street, City, State, Zip Code)</b> E3443 Apple Tree Ln Waupaca WI 549817801		<b>Telephone Number</b> 715-258-9661	<b>Date - Regulation Visit</b> 2/25/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)8.a. <b>Child Record - Physical Exam - Under 2</b>  Description: one child did not have a current (once every 6 months) physical on file - see checklist.	Reviewing physical forms and requesting parents update new forms as needed. We will create a document to review files regularly.	3/15/25	
2	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: one staff member did not have her physical on file after 30 days of employment - see checklist.  Repeat violation: Previously cited on 5/20/2024	Staff member will be notified and asked to complete form - signed by a doctor at their earliest convenience no later than March 29, 2025	3/29/25	

<b>Name - Certified Operator / Licensed Center</b> Victory Child Care And Preschool		<b>Provider Number / Facility ID Number</b> 0000591650 / 001 - 2006699		
<b>Address - Facility (Street, City, State, Zip Code)</b> E3443 Apple Tree Ln Waupaca WI 549817801		<b>Telephone Number</b> 715-258-9661	<b>Date - Regulation Visit</b> 2/25/2025	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
3	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: One staff member did not have her CPR training within 3 months of hire - see checklist.	Staff member states they are up to date and will bring card. Alternatively an online course option will be offered.	3/29/25	
4	251.09(1)(c) <b>Infant &amp; Toddler - Documenting Changes In Development</b>  Description: Their were 6 intakes in the infant room and 5 intake in the toddler room that were not updates once every 3 months.  Repeat violation: Previously cited on 10/8/2024, 5/20/2024	Intakes will be reviewed and updated. Policy to review regularly will be put in place.	3/29/25	

**NAME - Agency Worker**  
Jill Kellner

Date Issued  
2/26/2025

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

Date Signed



2-27-25