


Date Correction Plan Due 5/9/2024	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 Ctr - Cormier			Provider Number / Facility ID Number 0000580590 / 002 - 1010031		
Address - Facility (Street, City, State, Zip Code) 786 Cormier Rd Green Bay WI 543044727			Telephone Number 920-498-8855		
Rule/Statute Number Noncompliance Statement			Correction Plan		
1	251.07(6)(dm)3.c Medical Log - Medication Administration	Description: Staff in infant room B were not documenting medication dispensed to a child on the date the medication is dispensed.	Expected Completion Date	4/26/24	
			Verification Date		

NAME - Agency Worker Erin Taylor	Date Issued 4/25/2024
SIGNATURE - Certified Operator, Designee, Licensee or Designee 	Date Signed 4/25/24