

Date Correction Plan Due 12/8/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 Center		Provider Number / Facility ID Number 0000580590 / 091 - 2006022					
Address - Facility (Street, City, State, Zip Code) 5102 Amcenter Dr Madison WI 537189122		Telephone Number 608-416-5280	Date - Regulation Visit 11/20/2025				
		Correction Plan					
	Rule/Statute Number Noncompliance Statement						
1	251.05(2)(a)2. Staff Record - Completed Background Check Description: Fingerprints not completed for the following individuals: Individual 001 Repeat violation: Previously cited on 11/20/2024	Fingerprints to be completed by 12/08/25. <i>The employee has not been employed with us since 8/28/25. She did one day of training and due to a medical condition was unable to get fingerprints done correctly</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Expected Completion Date</td> <td style="width: 50%;">Verification Date</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>	Expected Completion Date	Verification Date		
Expected Completion Date	Verification Date						

NAME - Agency Worker Maynou Thao	Date Issued 11/24/2025
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed