

Date Correction Plan Due 11/4/2021	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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.

Name - Certified Operator / Licensed Center Kindercare Learning Ctr - Truman		Provider Number / Facility ID Number 0000580590 / 010 - 1010059		
Address - Facility (Street, City, State, Zip Code) 749 Truman St Kimberly WI 54136		Telephone Number 920-687-3111	Date - Regulation Visit 10/20/2021	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Log books in each room were last reviewed on 3/25/21	WE WILL MAKE A SEPERATE ENTRY STATING WE REVIEWED THE LOG BOOK AND WE WILL CONTINUE SIGNINING OFF ON EACH ENTRY.	10/21/21	
2	251.08(4)(b) Driver Orientation - Requirement Description: The facility did not have driver orientation forms filled out for their 6 drivers.	EACH OF OUR DRIVERS GO THROUGH A DRIVER'S COMPLIANCE TRAINING. WE HAVE NOW ADDED THE STATES DRIVERS ORIENTATION FORM TO THEIR STATE FILES.	10/21/21	

Name - Certified Operator / Licensed Center Kindercare Learning Ctr - Truman		Provider Number / Facility ID Number 0000580590 / 010 - 1010059		
Address - Facility (Street, City, State, Zip Code) 749 Truman St Kimberly WI 54136		Telephone Number 920-687-3111	Date - Regulation Visit 10/20/2021	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: There were outdated intake forms in rooms 102 A & B and room 103 A & B	ALL STAFF WERE REMINDED TO HAVE FAMILIES update their under 2 intake forms every 3 months.	10/21/21	

NAME - Certification Worker / Licensing Specialist
Jill Kellner

Date Issued
10/21/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

DCF-F-CFS0294-E (R.06/2011)

10/21/21