Date Correction Plan Due
8/8/2023

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

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 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 notice of the sanction and / or penalty and your appeal rights.

Nam	ne - Certified Operator / Licensed Center	Provid	der Number / Facility ID Nu	mber
Kindercare Learning Ctr - Arcadian		0000580590 / 014 - 1010026		
Address - Facility (Street, City, State, Zip Code) 1553 Arcadian Ln De Pere WI 54115		Telephone Number 920-983-6430	Date - Regulation Visit 7/13/2023	
***************************************	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(2)(e)3. Prohibited Actions - Physical Restraint, Restriction, Enclosure	Staff was retrained on Positive guidance technique.	6 28 23	Date
	Description: In May of 2023, on at least two occasions, two staff members restrained a 4-year-old child by giving the child a "bear hug" when the child was exhibiting challenging behaviors.			
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NAME - Agency Worker Gina Linssen	Date Issued 7/25/2023
SIGNATURE - Certified Operator or Designee / Licensee or Designee DCF-F-CFS02/4-E (R.06/2011)	Date Signed 8 · ID · 13