

Date Correction Plan Due

NONCOMPLIANCE STATEMENT AND CORRECTION
PLAN

TO FILE A COMPLAINT CALL
608-422-6765

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

Kindericare Learning Center

Provider Number / Facility ID Number

0000580590 / 036 - 120610

Address - Facility (Street, City, State, Zip Code)

6109 Monona Dr Monona WI 53716

Telephone Number

608-222-6333

Date - Regulation Visit

11/4/2021

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

1 251.05(2)(a)2.

Staff Record - Completed Background Check

Description: FBI fingerprint background check missing for 1 individual

Due 11/18/2021

Fingerprinting
appointment 11/5/21

Nov 5th 21

NAME - Certification Worker / Licensing Specialist

Kimberly Pahlow-Anderson

Date Issued

11/4/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Kim Pahlow

Date Signed

11/4/21