

Date Correction Plan Due 3/6/2025	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 Kidscare		Provider Number / Facility ID Number 4000569334 / 001 - 1001832		
Address - Facility (Street, City, State, Zip Code) 1025 Broadway St Wrightstown WI 541801082		Telephone Number 920-632-3738	Date - Regulation Visit 2/20/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff worker B on the staff record checklist did not have a health exam located in her file.	<i>Staff Health Record</i>	<i>3-7-2025</i>	
2	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff workers A, B, C, D, E, F and G on the staff record checklist did not have documentation of a completed Child Abuse and Neglect training in the last 2 years.	<i>Staff - Completed</i> <i>A 2-23-25 F 2-21-25</i> <i>B 2-23-25 G 8-23-24</i> <i>C 2-28-25</i> <i>D 2-25-25</i> <i>E 2-28-25</i>	<i>2-28-2025</i>	

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PRO - GREEN BAY

MAR 04 2025

DEPT. OF CHILDREN
& FAMILIES

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: Child #6 on the Child Record Checklist did not have an updated 3 month change in development report. The last update in the file was dated August 16, 2024	<i>Child #6 Intake form was returned on 2-25-2025</i>	<i>2/25/25</i>

NAME - Agency Worker
Clint Smith

Date Issued
2/20/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Mary Albert

Date Signed

2-28-2025