

<b>Date Correction Plan Due</b> 4/14/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b>  Pickett Community Center Nursery	<b>Provider Number / Facility ID Number</b>  3000577863 / 001 - 420243
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<b>Address - Facility (Street, City, State, Zip Code)</b> 6687 State Rd 44 Pickett WI 54964	<b>Telephone Number</b> 920-589-6111	<b>Date - Regulation Visit</b> 3/30/2026
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)2. <b>Staff Record - Completed Background Check</b>  Description: The substitute did not have a completed background check in her file - see checklist.	The sub was entered 4/3 in Portal + complete background check will be done →	4/30/24	
2	251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>  Description: Staff #B and C did not have documentation that they completed abusive head trauma prior to working with children.	All staff will complete Head trauma video	4/3/24	

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3	251.05(3)(j)1. <b>Volunteers, Student Teachers - Orientation</b>  Description: The volunteer did not have a file at the center nor did she have an orientation form completed.	Orientation and file will be completed	4/3/26	
4	251.07(6)(dm)4. <b>Medical Log - Reviewing Injury Records</b>  Description: The medical logbook was not reviewed once every 6 months.  Corrected during visit	Medical log will be Reviewed + dated every 6 months	Oct '26	

**RECEIVED**  
**NERO - GREEN BAY**  
 APR 14 2026  
**DEPT. OF CHILDREN  
 & FAMILIES**

**NAME - Agency Worker**  
Jill Kellner

Date Issued  
3/31/2026

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

Date Signed

*Paula Brewer*

4/9/26