

Date Correction Plan Due 3/24/2022	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 Kindercare Learning Ctrs-Whitnall			Provider Number / Facility ID Number 0000580590 / 021 - 1010082		
Address - Facility (Street, City, State, Zip Code) 4692 S Whitnall Ave St Francis WI 532356046		Telephone Number 414-482-3366	Date - Regulation Visit 2/18/2022		
	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 B's documentation of a physical exam was completed more than 30 days after employment.	Staff will be scheduled a physical exam for the first week of employment	5/1/2022		
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff D did not have documentation of a current certificate of training in CPR and AED.	Staff will be enrolled in a CPR class and completed within in the first month of employment and files reviewed by management to ensure staff are current	5/1/2022		

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3 251.05(3)(f)3. Child Care Teacher - Entry-Level Training Description: Staff B, working in a teacher role, did not have documentation on file of having completed entry level training required to be a teacher.		Staff will not work alone in classroom until management have proper verification, 4/1/2022 of entry level classes, from the Registry		
4 251.06(2)(n) Garbage Containers - Construction & Disposal Schedule Description: The garbage can in the kitchen did not have a lid.		Garbage can has been replaced with a lid	3/23/2022	
5 251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: A medication authorization did not include the authorization begin and end date.		Medication forms have been reviewed and updated. They will be reviewed monthly to ensure they are up to date.	5/1/2022	
6 251.08(3)(b) Information In Vehicle - Emergency Information Description: A child's permission and emergency information for transportation was not included in the vehicle the child was transported in on the day of the visit.		Emergency information was reviewed and updated.	4/15/2022	

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7 251.08(4)(b) Driver Orientation - Requirement Description: The annual driver training was expired for staff E.	Staff files for our staff drivers have been reviewed and updated.	3/23/2022	

NAME - Certification Worker / Licensing Specialist Cindy Matuszak	Date Issued 3/10/2022
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed