

<b>Date Correction Plan Due</b> 10/27/2023	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Kindercare Learning Ctrs-Whitnall		<b>Provider Number / Facility ID Number</b> 0000580590 / 021 - 1010082		
<b>Address - Facility (Street, City, State, Zip Code)</b> 4692 S Whitnall Ave St Francis WI 532356046		<b>Telephone Number</b> 414-482-3366	<b>Date - Regulation Visit</b> 10/10/2023	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(b) <b>Current, Accurate Daily Attendance Record</b>  Description: Attendance was not accurate in the toddler A room when 8 children were documented on attendance, but 7 children were in care.	Staff was retrained on CSR procedures. Management will complete 4 CSR checks a day	10/15/23	
2	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Staff E and F did not have documentation of a health exam on file.  Repeat violation: Previously cited on 2/18/2022	Staff files will be reviewed monthly to ensure all required form are completed	11/30/23	

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3	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Staff D, E, and F did not have documentation of current CPR training on file.  Repeat violation: Previously cited on 2/18/2022	All staff will have cpr with proper documentation on file	11 / 30 / 23	
4	251.055(1)(f) <b>Child Tracking Procedure</b>  Description: Child tracking was not correct in the toddler A room when 8 children were listed on tracking, but 7 children were in care.	Staff was retrained on proper use of CSR management will review CSRs 4 times a day to ensure they are completed accurately	10/15/23	
5	251.08(4)(b) <b>Driver Orientation - Requirement</b>  Description: Staff B did not have documentation of a driver orientation including all required elements on file.  Repeat violation: Previously cited on 2/18/2022	Voluntary form was completed at time of visit	10/10/23	

**NAME - Agency Worker**  
Cindy Matuszak

**Date Issued**  
10/13/2023

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

**Date Signed**

10/13/2023