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.

Nam	e - Certified Operator / Licensed Center	Provid	Provider Number / Facility ID Number		
Kind	lercare Learning Ctr-Old Sauk	00005	55710 / 016 - 120162		
Address - Facility (Street, City, State, Zip Code) 7126 Old Sauk Rd Madison WI 53717		Telephone Number 608-831-1223	Date - Regulation Visit 1/31/2023		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1	251.04(6)(b) Current, Accurate Daily Attendance Record Description: A current, accurate record of the daily attendance was not maintained when the infant room had seven children in attendance but only six children signed in.	The seventh child was signed in during the visit after it was observed that the infant room did not have a current accurate record of attendance. Child Supervision Records will be used to properly maintain accurate records of attendance.	1-31-23		
2	251.06(9)(d)2.a. Food Storage - Dry Food Description: Zip-close bags containing dry cereal were not labeled. Repeat violation: Previously cited on 6/23/2021	The unlabeled bags of dry cereal were thrown away. Any future use of zip-close bags will be properly labeled.			

Name - Certified Operator / Licensed Center Kindercare Learning Ctr-Old Sauk Address - Facility (Street, City, State, Zip Code) 7126 Old Sauk Rd Madison WI 53717		Provider Number / Facility ID Number 0000555710 / 016 - 120162		
			Rule/Statute Number Noncompliance Statement	Correction Plan
3	251.09(1)(b) Infant & Toddler - Location & Sharing Intake Information Description: Admission information for infants and toddlers was not on file in the rooms to which the children were assigned when several children in the infant and toddler rooms did not have intake forms in the classrooms.	All intake forms for infant and toddlers will be moved from their child file and kept in their corresponding classroom.	2-6-23	

NAME - Agency Worker Casey Allison

SIGNATURE - Certified Operator or Designed Micensee or Designee

ΓN

Date Issued

Date Signed 2-3-23