

Date Correction Plan Due 9/12/2024	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-Bluemound		Provider Number / Facility ID Number 0000555710 / 009 - 220260		
Address - Facility (Street, City, State, Zip Code) 18205 W Bluemound Rd Brookfield WI 53045		Telephone Number 262-792-1112	Date - Regulation Visit 8/28/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8.d. Child Record - Health Exam Report Description: Child 4 and 6 had expired health exam forms	Request Health Reports • Requested on 8/28/24 Recieved 8/30/24	9/1/24	8/30/24
2	251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: Young infant and infant rooms did not have a thermometer in the fridge. Director new thermometers same day.	ordered new Thermeters	9/2/24	9/2/24

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3	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Toddler rm: authorization end date for epi-pen not listed. Recommend using expiration date.	updated Authorization Forms 8/28/24	8/28/24
4	251.09(4)(a)10. Infant & Toddler - Diapering Lotions, Powders, Salves Description: Preschool rm: add diaper cream instructions to chart for newer children Repeat violation: Previously cited on 12/5/2023	update diaper Cream instructions	8/30/24

NAME - Agency Worker
Jennifer Mischock, Sarah Stormont

Date Issued
8/29/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Karin Madnes

Date Signed
9/6/24