

Date Correction Plan Due 10/8/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
--	--	---

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-Forest Hm		Provider Number / Facility ID Number 0000555710 / 021 - 220269			
Address - Facility (Street, City, State, Zip Code) 8650 W Forest Home Ave Greenfield WI 532283420		Telephone Number 414-425-1943	Date - Regulation Visit 9/4/2024		
	Rule/Statute Number Noncompliance Statement	Correction Plan	<table border="1"> <tr> <td data-bbox="1512 711 1759 776"> Expected Completion Date </td> <td data-bbox="1759 711 1967 776"> Verification Date </td> </tr> </table>	Expected Completion Date	Verification Date
Expected Completion Date	Verification Date				
1	251.04(4)(a)2.a. Parent Notification - Illness Description: On 8/26/24, a parent was not immediately notified when her child became ill. Notification was given in person at pick up, 1 1/2 hours after staff had requested the parent be called.	All staff have been retrained on when to report child illness/injury.	<table border="1"> <tr> <td data-bbox="1512 776 1759 1068">9/27/2024</td> <td data-bbox="1759 776 1967 1068"></td> </tr> </table>	9/27/2024	
9/27/2024					
2	251.04(6)(a)2. Child Record - Emergency Medical Consent Description: Child 1 did not have documentation of consent from the parent for emergency medical treatment.	All child files have been reviewed and include proper documents.	<table border="1"> <tr> <td data-bbox="1512 1068 1759 1326">9/27/2024</td> <td data-bbox="1759 1068 1967 1326"></td> </tr> </table>	9/27/2024	
9/27/2024					

NAME - Agency Worker
Cindy Matuszak

Date Issued
9/24/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

9/24/2024