

<b>Date Correction Plan Due</b> 10/18/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Kindercare Learning Ctrs-Loomis	<b>Provider Number / Facility ID Number</b> 0000555710 / 025 - 220266
---	--

<b>Address - Facility (Street, City, State, Zip Code)</b> 5230 W Loomis Rd Greendale WI 531291408	<b>Telephone Number</b> 414-421-5510	<b>Date - Regulation Visit</b> 10/1/2024
--	---	---

	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.06(2)(gm) <b>Premises - Well Drained, Clean, In Good Repair</b>  Description: The premises was not maintained in good repair when the door leading to the outdoor play space in the DPB room had a deteriorating, rusty area near the bottom of the door.	put in a work order with facilities to fix the door.	11/18/24	
2	251.07(6)(dm)4. <b>Medical Log - Reviewing Injury Records</b>  Description: The medical log book in the kitchen had not been reviewed in the previous six months.	medical book was reviewed and signed off on. set reminders quarterly to check books.	10/1/24	

<b>Name - Certified Operator / Licensed Center</b> Kindercare Learning Ctrs-Loomis		<b>Provider Number / Facility ID Number</b> 0000555710 / 025 - 220266	
<b>Address - Facility (Street, City, State, Zip Code)</b> 5230 W Loomis Rd Greendale WI 531291408		<b>Telephone Number</b> 414-421-5510	<b>Date - Regulation Visit</b> 10/1/2024
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
3	251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b>  Description: An inhaler in the center had an expired authorization.	Retrained all center staff on having updated medical forms. Also to do checks frequently on medicine boxes & cabinets.	10/11/24

**NAME - Agency Worker**  
Cindy Matuszak

**Date Issued**  
10/4/2024

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

**Date Signed**

10/17/24