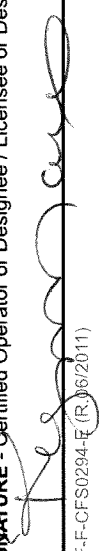


Date Correction Plan Due 3/6/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and 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-Premier		Provider Number / Facility ID Number 0000555710 / 031 - 1000036	
Address - Facility (Street, City, State, Zip Code) W180 N9410 Premier Ln Menomonee Falls WI 53051		Telephone Number 262-532-0098	
Rule/Statute Number Noncompliance Statement		Correction Plan	
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: There was no documentation of a staff health report for Staff B.	Expected Completion Date 3/3/25	Verification Date

NAME - Agency Worker Rhonda Brueggemann, Katrina Tarantino	Date Issued 2/19/2025
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 3/3/25

STAFF HEALTH REPORT - LICENSED CHILD CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 250.05(2)(d) and DCF 251.05(2)(a)3.a. of the Wisconsin Administrative Code. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The examining health professional will complete this form, sign Section B, and return the completed form to the individual for placement in the staff file.

A. STAFF INFORMATION FCC: provider, employee, substitute, GCC: persons who work directly with children except volunteers.

Name (Last, First, MI) Schwendt Sierra, J	Position Title Director
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B. PHYSICAL EXAMINATION

Yes No I certify based upon my examination that this person appears free of symptoms of illness, including tuberculosis, or communicable disease that may be transmitted through normal contact.

Yes No I certify based upon my examination that this person appears to be physically able to work with children.

NOTE: This individual will be in contact with children receiving child care services and may be responsible for the physical care and social development of young children during the hours child care is provided. Some lifting of young children may be required.

Comments:

Allergies Environmental
 Singson
 Meads
 Meads
 Meads the Meads
 Sister
 Rosalind
 5.4
 4/95
 4/66
 B/p 90/40
 Lung clear

SIGNATURE - MD, PA or other Health Check Provider

Name - Examining Health Professional (Type or Print)

Address - Health Professional Office (Street, City, State, Zip)

Date Signed (m/dd/yyyy)