

Date Correction Plan Due 10/16/2023	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-Sunset Dr		Provider Number / Facility ID Number 0000555710 / 011 - 220263		
Address - Facility (Street, City, State, Zip Code) 125 E Sunset Dr Waukesha WI 53189		Telephone Number 262-542-6994	Date - Regulation Visit 8/9/2023	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(2)(gm) Premises - Well Drained, Clean, In Good Repair Description: The premise was not maintained in good repair at the time of licensing visit. Flaking rust was observed on the bottom of a classroom door frame, leading to the outdoor play space.	WORK ORDER FOR REPAIR SUBMITTED REPAIR COMPLETED	8.9.23 9.29.23	
2	251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: Each cold storage facility was not equipped with a clearly visible accurate thermometer at the time of licensing visit. The infant room freezer lacked a thermometer; corrected during visit. Repeat violation: Previously cited on 2/23/2023	FIXED DURING VISIT ORDERED ADDITIONAL THERMOMETERS (2 PER FRIDGE) ORDERED ADDITIONAL FREEZER ONES	8.9.23 8.9.23 8.9.23 (ON BACK- ORDER)	

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3	251.06(9)(d)2.a. Food Storage - Dry Food Description: Dry foods were not stored in zip-type closure bags or food-grade containers with tight-fitting covers, and labeled. Open bags of dry foods were observed rolled closed in the infant room cabinet. Repeat violation: Previously cited on 2/23/2023	RETRAINED TEACHERS ON FOOD EXPECTATIONS WITHIN CLASSROOM.	9.29.23	
4	251.07(2)(c)5. Time Out - Not Removed From Classroom Description: Center medical log book noted two instances where children were removed from the classroom and taken to the office. One child was removed from the room due to biting, another was removed for hitting.	RETRAINED TEACHERS ON WHY REMOVING A CHILD FROM THE CLASSROOM IS HUMILIATING & GAVE THEM ADDITIONAL STRATEGIES ADDITIONAL INCLUSION TRAINING	9.5.23 10.9.23	
5	251.07(3)(a)2. Indoor Equipment - Construction, Condition Description: Equipment was not of sturdy construction without sharp, rough, loose, protruding, pinching or pointed edges. Chairs in the preschool room were observed cracked, posing a pinching hazard.	REMOVE BROKEN/DAMAGED CHAIR.	8.9.23	

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6	251.07(6)(dm)2. Medical Log - Pages & Entries Description: An entry in the medical log book was observed without a date of the injury.	REVIEWED ALL MEDICAL LOGS. RETRAINED TEACHERS ON PROPER ENTRY OF INCIDENTS. VERIFYING ENTRIES IN LOG BOOK WHEN INCIDENT REPORT IS MADE	9.29.23 + ONGOING 09.29.23 10.13.23

NAME - Agency Worker
Kayla Sands

Date Issued
9/29/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
10.13.23