

Date Correction Plan Due 9/26/2023	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
--	--	---

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 Center		Provider Number / Facility ID Number 0000555710 / 015 - 120093		
Address - Facility (Street, City, State, Zip Code) 6726 Raymond Rd Madison WI 53719		Telephone Number 608-271-0775	Date - Regulation Visit 9/8/2023	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.055(2)(b) Staff-To-Child Ratios - Minimum Description: A review of the DPS classroom's attendance form and children's birthdates listed in the provider portal showed that the required staff-to-child ratios were not met on the day of the monitoring visit.	The staff were moved up by half hour on schedule to meet staff-to-child ratio.	9-8-23	
2	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: A written authorization for medication administration was not present for a child's inhaler that was kept at the center.	child had in file instead ^{with} of medication.	9-9-23	

Name - Certified Operator / Licensed Center
Kindercare Learning Center

Provider Number / Facility ID Number
0000555710 / 015 - 120093

Address - Facility (Street, City, State, Zip Code)
6726 Raymond Rd Madison WI 53719

Telephone Number
608-271-0775

Date - Regulation Visit
9/8/2023

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: Changes in a child's development and routines were not documented as required when several children's intakes had not been updated within the prior three months.	In take forms are were updated immediately.	9-8-23	

NAME - Agency Worker
Casey Allison

Date Issued
9/12/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



9-19-23