lies of Farms. This farms is a second at the	1 2/2 / 2 / 2	0/12/2022 / K/30/2021	Date Correction Plan Dive / Al
	PLAN		NONCOMPI IANCE STATEMENT AND CORRECTION
	262-446-7800	I O FILE A COMPLAINI CALL	

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. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(1) and (3)(d), DCF 251.04(2)(L) and (3)(f)., DCF 252.41(1)(L) 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.

penally pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and I or penalty for facts arising from this finding or a future finding, you will be given a 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 date(s) for each item. notice of the sanction and I or penalty and your appeal rights. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Name - Certified Operator / Licensed Center instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and I or administrative rule identified by the certification I licensing specialist. 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 Identify expected completion

Nindercare Learning Cirs-Park Pi 0000555710 / 022 - 220270	5		Provid	Provider Number / Facility ID Number	mber
	3	dercare Learning Cits-Park Pi	00005	55710 / 022 - 220270	
10715 W Park PI Milwaukee WI 532243620 Telephone Number Date - Regulation Visit 414-359-1234 4/27/2022	107	15 W Park PI Milwaukee WI 532243620	Теlephone Number 414-359-1234	Date - Regulation 4/27/2022	Visit
_		Rule/Statute Number Noncompliance Statement	Correction Plan	Expected	Verification
1 251.05(2)(a)6. Staff Record - Days & Hours Worked Completion Date Completion Date Completion Date		Days & Hours Worked	Emcracincy meeting	Completion Date	Date
Description: Per phone review with director on 5/6/22, the documentation of days and hours worked did not consistently include in which classroom when the person was included in the staff-to-child ratio when groups/classrooms were combined in the morning of 12/13/2021. Staff were reportedly only documented at times on one CRS (Child Supervision Record) when rooms combined.			proper CSR expectations. Sign in/Sign out of Staff CVERECT Hime documentation	£ -	

Provider Number / Facility ID Number

10715 W Park PI Milwaukee WI 532243620 Address - Facility (Street, City, State, Zip Code)

Child Tracking Procedure

251.055(1)(f)

Noncompliance Statement Rule/Statute Number Kindercare Learning Ctrs-Park PI

Name - Certified Operator / Licensed Center

and the child's name was documented on both the infant and toddler to be in the room, as a child was reportedly moved to the toddler room documented on infants CRS was 9 at times when there was 8 reported "8-10" time in the infants room. And the number of children am with no documentation on the CSR form during the "Open - 8" and children; however, there were children documented in care prior to 10 (Child Supervision Record) forms require documenting numbers of was not properly adhered to on 12/13/21. Child tracking on CSR Description: Per phone with director on 5/6/22, center's child tracking proper cskexpectations.
Including child tracking,
name to face checks, and transitioning process to retirdum staff on meeting on 5/10/2022 Emeroporay start Correction Plan 414-359-1234 Telephone Number 0000555710 / 022 - 220270 Completion Date Expected 4/27/2022 Date - Regulation Visit Verification

Repeat violation: Previously cited on 3/22/2022

NAME - Certification Worker / Licensing Specialist

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed