Use of Form: This form is used by	0/30/2022	Date Correction Plan Due
Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline im	PLAN	NONCOMPLIANCE STATEMENT AND CORRECTION
ule violation(s) and to outline imposed plans of correction if applicable	262-446-7800	TO FILE A COMPLAINT CALL

may submit plans of correction however are not required to do so. and (2)(k). 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) 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

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 noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. date(s) for each item. 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 notice of the sanction and / or penalty and your appeal rights. Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Return the original to your certification / licensing specialist for approval and retain a copy. This request for a correction plan is not an order imposing a sanction or If this is a licensed child care, post your copy of the

Nam	Name - Certified Operator / Licensed Center	Provid	Provider Number / Facility ID Number	h.,
King	Kindercare Learning Ctrs-Loomis	00005	0000555710 / 025 - 220266	
Add 523	Address - Facility (Street, City, State, Zip Code) 5230 W Loomis Rd Greendale WI 531291408	Telephone Number 414-421-5510	Date - Regulation Visit 8/15/2022	risit
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected	Verification
_	251.04(6)(a)6. Child Record - Health History	updated health	0017672	Date
	Description: Child 5 did not have documentation of a completed health history and emergency care plan form on file.	report obtained.		
	Repeat violation: Previously cited on 4/5/2022			
Ν	251.05(2)(a)3.a. Staff Record - Physical Examination	Signature for health	9/24/22	
	Description: Staff D's physical exam document did not include a signature/date by the health care provider.	report received.		

Nan	Name - Certified Operator / Licensed Center	Provid	Provider Number / Facility ID Number	nh.,
X n	Kindercare Learning Ctrs-Loomis	00005	0000555710 / 025 - 220266	
Add 523	Address - Facility (Street, City, State, Zip Code) 5230 W Loomis Rd Greendale WI 531291408	Telephone Number 414-421-5510	Date - Regulation Visit 8/15/2022	Visit
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected	Verification
ω	251.05(4)(c)1. Continuing Education Requirement - Full Time Staff	Staff will get the	completion Date	Date
	Description: Staff A did not have documentation on file of having	proper training hours	8/24/22	
	Repeat violation: Previously cited on 9/4/2020	for continuing education		
		documented.		
4	251.07(6)(dm)1. Medical Log Book	BOOK completely	8/11/6/22	
	Description: The medical log book in the pre-K room was not completely numbered. This violation was corrected during the visit.	Numbered.		
O	Emergency Medical Authorization & Parental Notification Description: Child 5 did not have documentation on file of consent by the parent for emergency medical treatment.	Consent for emergency medical treatment obtained.	22/92/8	
0	251.09(3)(a)2. Infant & Toddler - Food & Formula Brought From Home Description: Two bottles in the infant room were not dated.	Teachers trained on proper bottle procedures including checking them at drop-off.	8/23/22	

Name - Certified Operator / Licensed Center			
Kindercare Learning Ctrs-Loomis) Pa	Provider Number / Facility ID Number	mber
Addrage - Espility /Ctroot Pity Ctata 7in Pada		000003301101023 - 220200	
5230 W Loomis Rd Greendale WI 531291408	Telephone Number 414-421-5510	Date - Regulation Visit 8/15/2022	Visit
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

Date Issued 8/16/2022

NAME - Certification Worker / Licensing Specialist Cindy Matuszak

SIGNATURE - Certified Operator or Designee / Licensee or Designee