262-446-7800	PLAN	0
TO FILE A COMPL	NONCOMPLIANCE STATEMENT AND CORRECTION	Date Correction Plan Due

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 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) 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.

may submit plans of correction however are not required to do so. 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. This request for a correction plan is not an order imposing a sanction or 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). 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. If this is a licensed child care, post your copy of the Identify expected completion

Kindercare Learning Ctrs-Premier Address - Facility (Street, City, State, Zip Code) W180 N9410 Premier Ln Menomonee Falls WI 53051 Rule/Statute Number Noncompliance Statement 1 251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Center lacked accurate documentation of staff days and hours worked, and in which classroom, when used to meet applicable staff-to-child ratios. A staff was present in the room but had signed out hours earlier, hours were corrected during visit. Millor Nethor Number 262-532-0098 Correction Plan Completion Date Expected Completion Date Date PARSHOFF WEVE VENTURED Completion Date Completion Date PARSHOFF WEVE VENTURED Completion Date Completion Date Completion Date PARSHOFF WEVE VENTURED Completion Date Completion Date Completion Date Completion Date Completion Date Completion Date	notice	notice of the sanction and / or penalty and your appeal rights. Name - Certified Operator / Licensed Center	Provide	Provider Number / Facility ID Number	ber
Telephone Number 262-532-0098 Correction Plan Correction Plan Completion Date Expected Completion Date MUSTAFF WEVE VETAWARD Completion Date Completion Date Completion Date AMSTAFF WEVE VETAWARD Completion Date Completion Date AMSTAFF WEVE VETAWARD MOCCUNOILE CSR OM OCCUNOILE CSR WHEATTONS OF OM DATE - Regulation Visit Expected Completion Date AMSTAFF WEVE VETAWARD Completion Date AMSTAFF WEVE VETAWARD MOCCUNOILE CSR OM OCCUNOILE CSR O	King	lercare Learning Ctrs-Premier	000055	55710 / 031 - 1000036	
Ile/Statute Number Compliance Statement - Days & Hours Worked - Days & Hours Worked - Completion Date - Days & Hours Worked - Completion Date - Days & Hours Worked - Completion Date - Days & Hours Worked - WARTH WEYE VEHOWALL - Completion Date - Com	Add W18	ress - Facility (Street, City, State, Zip Code) 30 N9410 Premier Ln Menomonee Falls WI 53051	Telephone Number 262-532-0098	Date - Regulation Vi 6/14/2023	sit
Pays & Hours Worked AMSHAFT WEVE VEHOUNDED OM ACCUMANTE CSR and in which classroom, when used to meet applicable atios. A staff was present in the room but had signed ier; hours were corrected during visit. AMSHAFT WEVE VEHOUNDED OM ACCUMANTE CSR OM ACCUMANT		Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
ocumentation of staff days and when used to meet applicable of tin the room but had signed $ \mathcal{M} $	_	251.05(2)(a)6.	Austaff were retrained		
to meet applicable Thus the property of the p		Staff Record - Days & Hours Worked	on accurate CSR)	
		Description: Center lacked accurate documentation of staff days and hours worked, and in which classroom, when used to meet applicable staff-to-child ratios. A staff was present in the room but had signed	expectations at injecting on 6/22/23	6/22	
		out hours earlier; hours were corrected during visit.			

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without any physical abilities noted.

documentation; children were observed rolling, crawling, and pulling up

upon licensing review. Forms lacked actually developmental

Nan King	Name - Certified Operator / Licensed Center Kindercare Learning Ctrs-Premier	Provid 00005	Provider Number / Facility ID Number 0000555710 / 031 - 1000036	nber
Adc	Address - Facility (Street, City, State, Zip Code) W180 N9410 Premier Ln Menomonee Falls WI 53051	Telephone Number 262-532-0098	Date - Regulation Visit 6/14/2023	/isit
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
61	e of	and staff will check	10/22/23	
	expiration date of April 2023.	firward.		
0	251.06(9)(g)1.b. Meal Preparation Staff - Clothing, Hair Restraints Description: Center staff preparing lunch at the time of licensing visit lacked an effective hair restraint, such as a hair net or cap.	Hair ness were ordered and are now available in the kutchen	Walis	
7	251.07(6)(dm)3.b. Medical Log - Injury In Care	Procedure for proper		

2023, lacked documentation of the time of the injury. Description: An injury documented in the medical log book, on June 7,

8

251.09(1)(c)

Infant & Toddler - Documenting Changes In Development

medical log reviewed with our staff at meeting

changes in development at least every three months were incomplete Description: The infant and toddler intake forms, used to document au staff will review intake form with parents to ensure entire form is updated properly

NAME - Agency Worker Kayla Sands	Noncompliance Statement	Address - Facility (Street, City, State, Zip Code) W180 N9410 Premier Ln Menomonee Falls WI 53051 Rule/Statute Number	Kindercare Learning Ctrs-Premier	Name - Certified Operator / Licensed Center
	COLLECTION FIGH	Telephone Number 262-532-0098		
Date Issued	Completion Date	Date - Regulation Visit 6/14/2023	0000555710 / 031 - 1000036	Provider Number / Facility ID Number
	Date	Visit		mber

Date Signed

DCF-F-CFS0294-K-06/20

SIGNATURE - Certified Operator or DeSignee / Licensee or Designee