Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
12/15/2023		262-446-7800

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	Provider Number / Facility ID Number
Kindercare Learning Ctrs-Premier	0000555710 / 031 - 1000036

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
W180 N9410 Premier Ln Menomonee Falls WI 53051	262-532-0098	11/16/2023

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. **Child Record - Immunization History** Description: The file for Child 3 lacked documentation of immunization history at the time of review.	Parent provided the missing form 11/22/23	11/22/23	
2	251.06(3)(b)4. **Emergencies - Record Of Fire / Tornado Drills** Description: Center lacked documentation of a tornado drill being practiced in August 2023.	Secondary person appointed to verify drill logs for accuracy	11/29/23	

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3	251.06(9)(a)2. **Kitchen Equipment & Utensils - Safe & Sanitary** Description: Kitchen equipment was not maintained in a clean and sanitary condition at the time of licensing visit. Food residue and debris was observed on the bottom of the refrigerator.	area cleaned	11/30/23	
4	251.06(9)(c)1. **Safe Food** Description: Food was not free from spoilage and safe for human consumption at the time of licensing visit. Expired cream cheese and salad dressing were observed in the kitchen refrigerator. Repeat violation: Previously cited on 6/14/2023	Staff no longer able to store personal food in fridge	12/12/23	
5	251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: A medical log book at the center lacked documentation of a review within the past six months. The last documented review was April 2023.	Secondary person trained to review log books evey 3mos.	11/29/23	
6	251.07(6)(i)2. **Adult Handwashing** Description: Staff were observed wiping a child's nose and failing to wash their hands after.	All staff provided re-training on proper handwashing	12/12/23	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Kayla Sands

Date Issued
11/30/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
12/5/2023