Name - Cert	rtified Operator / Licensed Center	Prov	Provider Number / Facility ID Number 0000580590 / 027 - 220084		
Kindercare	e Learning Ctrs-N 76Th St	0000			
Address - Facility (Street, City, State, Zip Code) 6835 N 76Th St Milwaukee WI 53223		Telephone Number 414-358-2060	Date - Regulation Visit 2/3/2022		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
Curro	.07(6)(f)6. rent Authorizations For Medications On Premises cription: An epi pen was being kept at the center without an norization from the parent.	Epi pen will be returned to family. Medication authorizations will be kept in file when medication is stored at the center.	2.25.2022		

NAME - Certification Worker / Licensing Specialist Cindy Matuszak

Date Issued 2/4/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

2.17.2022

Date Correction Plan Due 2/18/2022

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 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	Provid	Provider Number / Facility ID Number		
Kindercare Learning Ctrs	580590 / 027 - 220084				
Address - Facility (Street, City, State, Zip Code) 6835 N 76Th St Milwaukee WI 53223		Telephone Number 414-358-2060	Date - Regulation Visit 2/3/2022		
	tatute Number Iliance Statement	Correction Plan	Expected Completion Date	Verification Date	
Description: Child	ysical Exam - Under 2 1's documentation of a physical exam was expired eted more than six months prior.	Child file shall be updated with documentation of an up-to-date physical exam.	2.14.22		
Description: Staff C	tion Requirement - Full Time Staff C and D, full-time staff, did not have 25 hours of on documented for 2021. reviously cited on 8/21/2020	Documentation of continuing education shall be completed for staff.	2.25.22		