

Date Correction Plan Due 4/2/2024	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 Kindercare Learning Ctrs-Whitnall		Provider Number / Facility ID Number 0000580590 / 021 - 1010082		
Address - Facility (Street, City, State, Zip Code) 4692 S Whitnall Ave St Francis WI 532356046		Telephone Number 414-482-3366	Date - Regulation Visit 3/7/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Staff hours were not accurate when a staff person providing care in the infant A room was not signed in. Repeat violation: Previously cited on 12/21/2023	Management will spot check the supervision record throughout the day to ensure correct use of record	3/25/24 ongoing	
2	251.06(9)(d)2.a. Food Storage - Dry Food Description: Opened crackers and noodles were not labeled.	Cook was retrained on proper food storage and labeling	3/25/24	

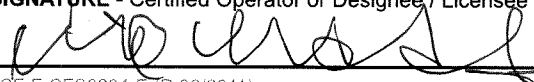
Name - Certified Operator / Licensed Center Kindercare Learning Ctrs-Whitnall		Provider Number / Facility ID Number 0000580590 / 021 - 1010082		
Address - Facility (Street, City, State, Zip Code) 4692 S Whitnall Ave St Francis WI 532356046		Telephone Number 414-482-3366	Date - Regulation Visit 3/7/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(9)(f)3. Food - Leftover Prepared Food Description: Leftover food from the day prior was not dated.	COOK was retrained On proper food storage	3/25/24	
4	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Two medication authorizations did not include the end date of the authorization.	Management will review all medication form to ensure accuracy monthly	3/25/24 Ongoing	
5	251.09(3)(a)2. Infant & Toddler - Food & Formula Brought From Home Description: Three bottles in the infant B room were not dated. Repeat violation: Previously cited on 5/26/2023	Staff was retrained on proper labeling of bottles and reviewing bottles before placing in fridge	3/25/24	

NAME - Agency Worker
Cindy Matuszak

Date Issued
3/18/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



3/27/24