

Date Correction Plan Due 2/8/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 262-446-7800
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**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.

<b>Name - Certified Operator / Licensed Center</b> Kindercare Learning Ctrs-Pine St		<b>Provider Number / Facility ID Number</b> 0000580590 / 005 - 1010069		
<b>Address - Facility (Street, City, State, Zip Code)</b> 1705 S Pine St Waukesha WI 53188		<b>Telephone Number</b> 262-549-3283	<b>Date - Regulation Visit</b> 1/8/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(8)(a) <b>Mandated Reporting - Child Abuse &amp; Neglect</b>  Description: Center failed to immediately contact the county department of social services when learning of an abuse allegation involving an employee and a child in care.	<i>Complaint was immediately investigated and found to be unsubstantiated. Complainant (another employee) indicated that it must not have happened. When she stopped working for us, she had a bill and brought the situation up a second time. Going forward licensing will be notified.</i>	1/8/24	
2	251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>  Description: The file for Staff A lacked documentation of abusive head trauma prevention training at the time of licensing review.	<i>Employee completed the training and documentation was placed in Employee file. All other employee files were reviewed to make sure proper documentation was in each file.</i>	3/21/24	

**NAME - Agency Worker**  
Kayla Sands

**Date Issued**  
1/25/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**

*Jodi Drault*

3/22/24