

Date Correction Plan Due 4/5/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	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.

Name - Certified Operator / Licensed Center Kindercare Learning Ctrs-S 108Th St		Provider Number / Facility ID Number 0000580590 / 034 - 220087		
Address - Facility (Street, City, State, Zip Code) 3370 S 108Th St Greenfield WI 53227		Telephone Number 414-321-4232	Date - Regulation Visit 3/21/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: Child 4 does not have immunization history on file and has been attending the center for more than 30 days.	will obtain immunization records for child 4.	4/30/24	
2	251.04(6)(a)8.a. Child Record - Physical Exam - Under 2 Description: There was no record for Child 2 of having a physical exam in the past 6 months. Repeat violation: Previously cited on 8/2/2023	will obtain child health report for child 2.	4/30/24	

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3370 S 108Th St Greenfield WI 53227		414-321-4232	3/21/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.05(3)(g)2. Assistant Child Care Teacher - Qualifications Description: Staff C did not have training in early childhood education or has completed an assistant child care teacher training program approved by the Wisconsin Department of Public Instruction prior to working as an assistant teacher.	Staff C was removed from the schedule until the course has been completed	5/1/24	
4 251.06(9)(a)5. Kitchen - Single-Service Utensils Description: In the Discovery Preschool room, single serving utensils, bowls, and plates were observed sitting uncovered on the shelf.	Staff was retrained on how to properly store utensils in the classroom.	3/29/24	
5 251.07(6)(dm)2. Medical Log - Pages & Entries Description: The medical log book in the Infant A room had missing pages (pages 33-34). The medical log book in the Toddler B room is only numbered to page 15. Repeat violation: Previously cited on 12/19/2022	Med Log in Infant A was ended and new Log started. Tod B med Log - All pages are now numbered	3/22/24	

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6	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: Under 2 Intake forms for Child 2 was not updated every three months to include documentation of the child's developmental/routine changes. Repeat violation: Previously cited on 8/2/2023	Intake form is now updated. Retrained teacher on proper documentation.	3/22/24	

NAME - Agency Worker Kristin Keck, Katrina Tarantino	Date Issued 3/22/2024
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed