

Date Correction Plan Due 2/6/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 Germantown Kindercare Learning Center		Provider Number / Facility ID Number 0000580590 / 080 - 2004884		
Address - Facility (Street, City, State, Zip Code) N112w1706 0 Mequon Rd Germantown WI 530223212		Telephone Number 262-251-5324	Date - Regulation Visit 1/6/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. Child Record - Health History Description: Based on records review, there was not a Health History form on file for Child A.	<i>Parents were given the forms again and told they must be filled out by 2/6 to continue enrollment</i>	<i>2/6/25</i>	
2	251.04(6)(a)8.a. Child Record - Physical Exam - Under 2 Description: Based on records review, there was not a health examination form on file for Child A.	<i>Parents were given the forms again and told they must be filled out by 2/6 to continue enrollment</i>	<i>2/6/25</i>	

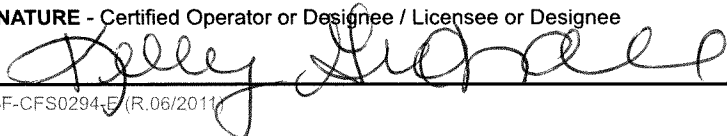
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3	251.06(2)(a) Potential Source Of Harm On Premises Description: On 01/06/2025, in Toddlers' Room #1, there were two gallon size bottles of tempera paint, and other items on top of a storage cabinet that could potentially fall on children while in the bathroom.	Paint was removed on day of visit and coached the staff on proper storage of paint.	1/6/25	
4	251.06(7)(b) Indoor Space - Storage Description: In Toddlers' #1 Room's, the bathroom is being used for both, the children that are being potty trained and also for storage of coats and other items.	Teachers were coached on proper cleanliness of the bathrooms and proper storage of personal items	1/6/25	
5	251.07(6)(g)1. Wiping Bodily Secretions Description: Based on observation, 01/06/2025, in Toddlers' Room #1, there were several children with nasal mucus discharge and crusted mucus under their noses. In Infants' Room #2, there was a child with crusted mucus under their nose.	Staff will continue to monitor children's faces for drainage and will clean in a timely manner.	1/6/25	

NAME - Agency Worker
Gloribel Tegen

Date Issued
1/16/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



2/5/25