

Date Correction Plan Due
3/28/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

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

Provider Number / Facility ID Number

Kindercare Learning Center

0000580590 / 091 - 2006022

Address - Facility (Street, City, State, Zip Code)
5102 Amcenter Dr Madison WI 537189122

Telephone Number
608-416-5280

Date - Regulation Visit
3/12/2025

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)1. Staff Record - Personal Information Description: Staff record for staff B was not on file. Repeat violation: Previously cited on 4/15/2024	Have Staff B fill out staff record file	3/14/2025	
2	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff A and C did not have a physical examination report that was completed not more than 12 months prior to nor more than 30 days after the person was hired Repeat violation: Previously cited on 12/5/2024, 4/15/2024	Have Staff A and C submit new physical examination reports	5/1/2025	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills Description: There was no documentation of fire drill for the month of February. Repeat violation: Previously cited on 12/5/2024	Marked missed Fire Drill for month of February and perform marks	3/14/2025	
4 251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Medical log was not reviewed every 6 months by director or director designee.	review logbook in 6 months	6/12/2025	

NAME - Agency Worker
Michelle Garcia

Date Issued
3/14/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

 Date Signed
3/18/2025