

**Date Correction Plan Due**  
5/30/2025

**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-Main St

**Provider Number / Facility ID Number**  
0000580590 / 006 - 1010070

**Address - Facility (Street, City, State, Zip Code)**  
N88 W15240 Main St Menomonee Falls WI 53051

**Telephone Number**  
262-255-5141

**Date - Regulation Visit**  
3/25/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.04(3)(a) <b>Report - Incident Or Accident</b></p> <p>Description: Center did not report an accident/incident that required medical evaluation, within 24 hours of knowledge.</p>	<p>immediate training for all staff took place at a staff meeting all staff are trained at time of hire.</p>	<p>immediate</p>	
<p>2 251.04(4)(a)2. <b>Parent Notification</b></p> <p>Description: Center did not notify parent immediately after a "head injury".</p>	<p>Again, immediate training took place at a staff meeting.</p>	<p>immediate</p>	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.07(6)(dm)3.b. <b>Medical Log - Injury In Care</b>  Description: Child injury while in care was not documented on the day of the injury.	immediate training for place to correct this.	immediate	

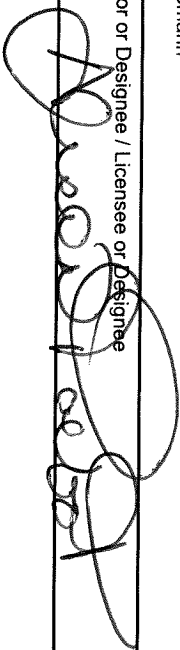
NAME - Agency Worker

Mindi Sabljak, Rhonda Brueggemann

Date Issued

5/13/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

5-21-25