

Date Correction Plan Due 2/9/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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 Ctr		Provider Number / Facility ID Number 0000580590 / 055 - 1012613		
Address - Facility (Street, City, State, Zip Code) 2600 Center Dr Hudson WI 54016		Telephone Number 715-386-6672	Date - Regulation Visit 1/21/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(5)(b)5. Eating Surfaces - Cleaned, Sanitized Description: Staff were observed serving snack in a classroom without washing and sanitizing the tables.	Staff member was talked to & retrained on meal cleaning & sanitizing	1/22/26	
2	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Three parent written authorizations for Epi pens were missing start and end dates for the length of the authorization.	Start & end dates were added into authorization. will retain team on med auth. forms	1/22/26	

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3	251.09(1)(am) Infant & Toddler - Intake Information Description: An Intake for Children Under 2 form for Child #1 was missing documentation of having been updated every three months to reflect changes in the child's development and routines based on discussion with the parent.	Teachers will use a calendar to keep track of when intake forms need to be updated	1/23/26

NAME - Agency Worker
Wendy Badzinski

Date Issued
1/23/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Wendy Badzinski

Date Signed
1/23/26