

Date Correction Plan Due 7/16/2026	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.

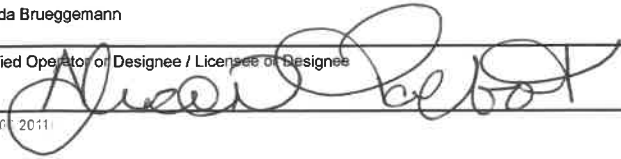
Name - Certified Operator / Licensed Center Kindercare Learning Ctrs-Main St		Provider Number / Facility ID Number 0000580590 / 006 - 1010070		
Address - Facility (Street, City, State, Zip Code) N88 W1524 Main St Menomonee Falls WI 53051		Telephone Number 262-255-5141	Date - Regulation Visit 6/16/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(2)(a) Potential Source Of Harm On Premises Description: There were disposable gloves accessible to children in care in the preschool room.	immediate communication was given to all staff. 3 pet checks will happen.	7-1-26	
2	251.09(1)(b) Infant & Toddler - Location & Sharing Intake Information Description: Infant intakes were not located in the infant room at the time of the visit. They were in the office where they get updated.	immediately given to the classrooms teachers will update.	6-16-26	

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3	251.09(3)(a)2. Infant & Toddler - Food & Formula Brought From Home Description: Sippy cups brought from home with milk were not labeled and dated with the child's name and were stored in the refrigerator.	immediate communication given to classroom. Labels given to families to label cups.	6-16-26	

NAME - Agency Worker
Mindi Sabajak, Rhonda Brueggemann

Date Issued
7/1/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

7-1-26