

Date Correction Plan Due 9/1/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 Center		Provider Number / Facility ID Number 0000580590 / 089 - 2006012		
Address - Facility (Street, City, State, Zip Code) 1100 Connery Cv Waunakee WI 535973400		Telephone Number 608-850-7298	Date - Regulation Visit 8/5/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(4)(a)2.c. Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication Description: Staff members failed to contact a parent immediately after a child suffered a head injury. The incident was self-reported.	A training was held and staff were retrained in injury reporting protocol.	8/18/26	

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2	251.07(6)(j)4. First Aid Procedures Description: Staff members did not follow the first aid procedure when a child had a bump on his head after throwing himself backwards. They failed to assess the child to determine if he sustained any injuries. The incident was self-reported.	A training was held and staff were retrained in First Aid procedures.	8/18/26

NAME - Agency Worker
Luzdarys Marquez

Date Issued
8/18/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
9/11/2026