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STATE OF WISCONSIN

JUN 10 2021

SOUTHEASTERN REGIONAL OFFICE  
DCF DECE BECR

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 6/15/2021	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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-Howell		Provider Number / Facility ID Number 0000580590 / 022 - 1010086		
Address - Facility (Street, City, State, Zip Code) 7677 S Howell Ave Oak Creek WI 53154		Telephone Number 414-762-9050	Date - Regulation Visit 5/27/2021	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.055(2)(e) Mixed Age Group Of Children Over Age 2 - Group Size  Description: Iced age group on playground included 5 children age two and 2 children age two and a half. This came out to 1.08 on the ratio worksheet and required a second staff person	Retrained staff on ratios + everyone has own ratio calculation sheets. Management uses white board for age ver. fixnum	5/28/21	6/1/21
2	251.07(6)(f)1.a. Medication Administration - Parent Authorization  Description: Medication authorization form lacked intervals documented on parental authorization form  Repeat violation: Previously cited on 8/6/2019	Had parent put end date on medication form. Retrained all staff on medication forms + new refill req.	5/28/21	6/1/21

<b>Name - Certified Operator / Licensed Center</b> Kindercare Learning Ctrs-Howell		<b>Provider Number / Facility ID Number</b> 0000580590 / 022 - 1010088		
<b>Address - Facility (Street, City, State, Zip Code)</b> 7877 S Howell Ave Oak Creek WI 53154		<b>Telephone Number</b> 414-762-9050		<b>Date - Regulation Visit</b> 5/27/2021
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>

**NAME - Certification Worker / Licensing Specialist**  
Paul Spink

**Date Issued**  
6/1/2021

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**

6/7/21