Date Correction Plan Due 4/27/2022

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

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 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 notice of the sanction and / or penalty and your appeal rights.

Nan	me - Certified Operator / Licensed Center		der Number / Facility ID Nu	mber
	dercare Learning Ctrs-Howell APR 2	30590 / 022 - 1010086		
Address - Facility (Street, City, State, Zip Code) 7677 S Howell Ave Oak Creek WI 531542112 SOUTHEASTERN RE DCF DECK		REGIONAL OFFICE Telephone Number CE BECR 414-762-9050	Date - Regulation Visit 3/28/2022	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(11)(b)5. Outdoor Play Space - Energy-Absorbing Surfaces Description: Less than nine inches of mulch under slides and climbers in play area	maintain correct mulch proportions under slides Climbers work order put in on 3/16/22 and re-put in on 4/15/22	May 13.	
2	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Last review of the medical log more than six months prior	Retrained CD/AD/Healtstey about reviewing medical/ accident Log every Six morths	March 30, 2022	
3	251.08(4)(c)1. Driver Record - Obtain & Review Description: Driving record in reviewed file last completed in 2018	Annual - MUR'S need to be completed annually for all drivers from the WI DOT site	March30. 2022	

Name - Certified Operator /	Licensed Center	Provider Number / Facility ID Number			
Kindercare Learning Ctrs-	Howeil	0000580590 / 022 - 1010086			
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1	atute Number lance Statement	Correction Plan	Expected Completion Date	Verification Date	
251.08(8)(c) Vehicle Safety Alar Description: Vehicle	m - Working Order inspected did not have alarm in working order	Monthly Alarm checks on Buses. Valentis called and	411122	Date	
		Valentis called and was fixed on 41,122			

NAME - Certification Worker / Licensing Specialist		
Paul Spink	Date Issued	
1	4/13/2022	
SIGNATURE - Certified Operator or Designee / Icensee or Designee	Date Signed	
- The More	4/20/22	
DCF-F-CFS0294-F (R 06/2011)		