Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
9/14/2022	PLAN	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 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 of the sanction and / or penalty and your appeal rights of the sanction and / or penalty and your appeal rights of the sanction and / or penalty and your appeal rights of the sanction and / or penalty and your appeal rights of the sanction and / or penalty and your appeal rights of the sanction and / or penalty and your appeal rights of the sanction and / or penalty and your appeal rights of the sanction and / or penalty and your appeal rights of the sanction and / or penalty and your appeal rights of the sanction and / or penalty and your appeal rights of the sanction and / or penalty and your appeal rights of the sanction and / or penalty and your appeal rights of the sanction and / or penalty and your appeal rights of the sanction and / or penalty and your appeal rights of the sanction and / or penalty and / or pe

	e of the sanction and / or penalty and your appeal rights STATE e - Certified Operator / Licensed Center	Provider Number / Facility ID Number		
Kindercare Learning Ctrs-S 61St St 0000580590 / 024 - 220089				
Kindercare Learning Ctrs-S 61St St Address - Facility (Street, City, State, Zip Code) 2374 S 61St St West Allis WI 53219 SOUTHEASTERN REGIONAL OF DECE BECR		Telephone Number 414-546-0730	Date - Regulation Visit 6/24/2022	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(a) Report - Incident Or Accident Description: Child suffered dislocated elbow while in the care of the	on proper licensing reporting proceduces	- 427/22	
	center. This incident was not reported to DCF for seven days.	Escalatino, any issuest	on-going	96
2	251.055(1)(a) Supervision Of Children	meeting with enthrestaff retraining active supervision	n-7/14/22	
	Description: A 20 month old child received a dislocated elbow while in the care and custody of the child care center. No staff would acknowledge seeing the injury or incident. The center failed in its responsibility to supervise children and prevent harm Repeat violation: Previously cited on 9/16/2020	Personal active superinsion conversations with todaler A and Todaler 13		

Name - Certified Operator / Licensed Center Provider Number / Facility ID Number				
Kindercare Learning Ctrs-S 61St St 0000580590 / 024 - 2200				
Address - Facility (Street, City, State, Zip Code) 2374 S 61St St West Aliis Wi 53219	Telephone Number 414-546-0730	Date - Regulation Visit 6/24/2022		
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Verification Completion Date Date		
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NAME Of Order to Mender I have been provided		Date Issued		
NAME - Certification Worker / Licensing Specialist Paul Spink		8/29/2022		
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed			
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DCF-F-CPS0294-F (R.08/2011)		rage		