Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
1/23/2023	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.

Nam	Name - Certified Operator / Licensed Center Provider Number / Facility ID Number				
Kind	Kindercare Learning Ctrs-S 61St St 0000580590 / 024 - 220089				
Address - Facility (Street, City, State, Zip Code) 2374 S 61St St West Allis WI 53219		Telephone Number 414-546-0730	Date - Regulation Visit 12/28/2022		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1	251.05(2)(a)6.  Staff Record - Days & Hours Worked  Description: Assistant teacher did not document her hours working in ratio in the Two A classroom	• Individual conversation with staff member • Management CSR audit 2 times daily • Review CSR Signinan 1/10/23 at staff meeting	410/23	1/10/23	
2	251.06(9)(d)1.b.  Food Storage - Refrigeration Units  Description: Infant C refrigerator noted at nearly 50 degrees in temperature	·Workerplaced with facilities. ·New refrigerator delivered on 1/4/23	1/4/23	1/10/23	

RECEIVED STATE OF WISCONSIN

JAN 1 3 2023

	ara Lagraina Cha C 610) C					
<b>L</b>	Kindercare Learning Ctrs-S 61St St 0000580590 / 024 - 220089					
Address - Facility (Street, City, State, Zip Code) 2374 S 61St St West Allis WI 53219		Telephone Number 414-546-0730	Date - Regulation Visit 12/28/2022			
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date		
Na Clo	51.07(4)(e) aps Or Rest Periods - Bedding Maintenance, Storage, leanliness escription: Cots and bedding not stored in covered, clean manner in wo A classroom	·Individual conversation with staff members ·additional cot livers provided ·All cots cleaned and striped day ordering	1/31/23			
ini De	51.09(3)(a)7.  fant & Toddler - Leftover Milk Or Formula  escription: Introduced formula bottle returned to fridge rather than scarded after use in Infant C	· retrained staff on proper bottle feeding procedures - documented training.	12/28/23			

NAME - Agency Worker	Date Issued
Paul Spink	1/9/2023
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed
Mikhildana	1/13/2025
_ Olysoutapara	1/13/2025