	how and completed med to		
	14 CACA CACA CACA	Description: A medication was observed at the center without a current medication administration authorization form from the parent.	
	Co oxedication will	251.07(6)(f)6. Current Authorizations For Medications On Premises	4
8-14-23	Most invedestely be	center with.	
	that all sole access	Medical Log - Observation Or Evidence Of Injury Description: Center failed to design on the latest and the lat	
		Repeat violation: Previously cited on 1/25/2023	<u>س</u>
8-14-23	portol.	upon licensing review. Form lacked information in Section B, pertaining to position at hire, use in ratio, etc. Area was corrected during visit.	
	or of the sell be	Staff Record - Personal Information Description: The file for Staff E lacked a complete staff record form	
Expected Completion Date	Correction Plan	Noncompliance Statement	·
Date - Regulation Visit 8/14/2023	Telephone Number 262-255-5141	N88 W15240 Main St Menomonee Falls WI 53051	N 2
0000580590 / 006 - 1010070	00005	Kindercare Learning Ctrs-Main St	Š
Provider Number / Facility ID Number	Provid	Name - Certified Operator / Licensed Center	Nar

Date Signed

=		o 0
in of Engage This for		Date Correction Plan Due
		Due
The of Forms This form is small by said the said to th		NONCOMPLIANCE STATEMENT AND CORRECTION
	PLAN	CE STATEMENT A
		ND CORRECTION
	2	2
	262-446-7800	TO FILE A COMPLAINT CAI
- Annual Control		<u> </u>

may submit plans of correction however are not required to do so. 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 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)

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 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 date(s) for each item. 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 Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. notice of the sanction and / or penalty and your appeal rights. 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

Kindercare Learning Ctrs-Main St Address - Facility (Street, City, State, Zip Code) N88 W15240 Main St Menomonee Falls W1 53051 Rule/Statute Number Noncompliance Statement 1 251.04(2)(m) Health, Safety & Welfare Of Children Description: Center failed to ensure that any action, by commission or omission, or any condition or occurrence does not adversely affect the health, safety or welfare of any child under the care of the licensee. Center fed an infant child the wrong breast milk bottle. Child consumed the entire 4 ounce bottle, the incident was not discovered Kindercare Learning Ctrs-Main St Telephone Number 262:255-5141 Correction Plan Expected Verification Completion Date PLANCE COMPLETION Completion Date PLANCE COMPLETION Completion Date PLANCE COMPLETION Completion Date PLANCE COMPLETION COM		Name - Certified Operator / Licensed Center	Provide	Provider Number / Facility ID Number	
Telephone Number 262-255-5141 Correction Plan Expected Completion Date	*	ndercare Learning Ctrs-Main St	00005	80590 / 006 - 1010070	
Correction Plan Expected Set Voite at State 2 Set Consider the Softe Coste to Set Land the Set Land Coste to Set Land Coste to Set Land Coste to Set Land Completion Date Completion Date Completion Date Completion Date Coste to Set Land Completion Date Completion Date Coste to Set Land Coste to Set Land Completion Date Coste to Set Land Coste to Set	7 1	tdress - Facility (Street, City, State, Zip Code) 38 W15240 Main St Menomonee Falls WI 53051		Date - Regulation Visit 8/14/2023	
extrained externor 2 extrained tomittes on 2 corpect your layering corpect your layering bottles to your layers pottles to your layers for layer layers for		Rule/Statute Number Noncompliance Statement	Correction Plan		tion
Coste of Yoth		251.04(2)(m) Health, Safety & Welfare Of Children	Ryanto		
	1-11-11-11-11-11-11-11-11-11-11-11-11-1	Description: Center failed to ensure that any action, by commission or omission, or any condition or occurrence does not adversely affect the health, safety or welfare of any child under the care of the licensee. Center fed an infant child the wrong breast milk bottle. Child consumed the entire 4 ounce bottle, the incident was not discovered until later in the day.	100 8 4 TO 100 T		