Date Correction Plan Due 12/21/2018

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.

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 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

	er Number / Facility ID Number 80590 / 006 - 1010070		
ercare Learning Ctrs-Main St			
ess - Facility (Street, City, State, Zip Code) W15240 Main St Menomonee Falls WI 53051	Telephone Number 262-255-5141	Date - Regulation Visit 12/6/2018	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
251.04(8)(b) Biennial Training - Child Abuse & Neglect	Se-plan ethe begin.	12-10-18	Date
Description: I reviewed 12 Staff files and determined 6 Staff files (Old Staff, page I) did not have documentation of current biennial Child Abuse and Neglect (CAN) training in their files. Repeat violation: Previously cited on 4/24/2017	yes who will sent to complete this traiding	inmediately completed.	
251.05(1)(c) Cardiopulmonary Resuscitation Training Description: Staff H (page I) did not have documentation of a current CPR/AED certificate in her file.	le-plan State begin. Ding of each year who Dill Deed to Complete this	2-4-19	
	Rule/Statute Number Noncompliance Statement 251.04(8)(b) Biennial Training - Child Abuse & Neglect Description: I reviewed 12 Staff files and determined 6 Staff files (Old Staff, page I) did not have documentation of current biennial Child Abuse and Neglect (CAN) training in their files. Repeat violation: Previously cited on 4/24/2017 251.05(1)(c) Cardiopulmonary Resuscitation Training Description: Staff H (page I) did not have documentation of a current	Pass - Facility (Street, City, State, Zip Code) W15240 Main St Menomonee Falls WI 53051 Rule/Statute Number Noncompliance Statement 251.04(8)(b) Biennial Training - Child Abuse & Neglect Description: I reviewed 12 Staff files and determined 6 Staff files (Old Staff, page I) did not have documentation of current biennial Child Abuse and Neglect (CAN) training in their files. Repeat violation: Previously cited on 4/24/2017 251.05(1)(c) Cardiopulmonary Resuscitation Training Description: Staff H (page I) did not have documentation of a current Correction Plan Correction Pl	Pate - Regulation 1/2/6/2018 Tolephone Number 262-255-5141 Date - Regulation 1/2/6/2018 Rule/Statute Number Noncompliance Statement Correction Plan Expected Completion Date

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Nar	ne - Certified Operator / Licensed Center Provider Number / Facility ID Number				
Kin	dercare Learning Ctrs-Main St	0000580590 / 006 - 1010070			
Address - Facility (Street, City, State, Zip Code) N88 W15240 Main St Menomonee Falls WI 53051		Telephone Number 262-255-5141	Date - Regulation Visit 12/6/2018		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
3	251.05(1)(L)1.a. Staff Health Examination - Illness	Director Will develop a raminder system	12-26-18		
	Description: Staff A (new Staff) did not have documentation of a completed TB test in her file.	for staff to temperate	•		
	Repeat violation: Previously cited on 5/2/2018, 10/3/2017	the to test checked	•		

NAME - Certification Worker / Licensing Specialist
Tony Palge

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Issued 12/7/2018

1-24-19

Date Signed