

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**Date Correction Plan Due**  
8/12/2025

**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 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.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Kindercare Learning Ctrs-Calhoun		0000555710 / 007 - 220259		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
4080 N Calhoun Rd Brookfield WI 53005		262-783-4199	6/2/2025	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(6)(a)6. <b>Child Record - Health History</b>	Description: The health history on file for Child 1 is incomplete. The health history and emergency care plan on file has a box checked stating <input type="checkbox"/> no specific medical condition. <input type="checkbox"/> It was reported Child 1 has a medical condition (a disorder); the form lacked information regarding the disorder.  Repeat violation: Previously cited on 2/13/2025	-Parents were Asked to bring Documentation on child's medical Condition.	6.3.25	
2 251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>	Description: Staff B does not have documentation of completing training in abusive head trauma and the appropriate ways to manage crying, fussing, or distraught children prior to beginning to work with children under 5 years of age.	- Teacher Completed the training	6.3.25	

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3 251.07(6)(dm)3.b. Medical Log - Injury In Care  Description: Injuries to a child that occurred while in care are not always being documented in the medical log book. Injuries that a child sustained on 5/27/25 and 5/29/25, were documented on forms maintained by the center but were not documented in the medical log book.	- Before Signing the Injury's form Center Director ensures that is in the medical log Book.	6.3.25	

NAME - Agency Worker  
Kristin Lange

Date Issued  
7/29/2025

SIGNATURE - Certified Operator of Designee / Licensee or Designee

Date Signed  
6.3.25

DCF-F-CFS0294-E (R.06/2011)