Use of Form: This form is used by		Date Correction Plan Due 5/13/2022
Use of Form: This form is used by certification / licensing staff to identify statute and / or administration	PLAN	NONCOMPLIANCE STATEMENT AND CORRECTION
	262-446-7800	TO Ell E A COMBI ANT OALL

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 Instructions: 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)

Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Return the original to your certification / licensing specialist for approval and retain a copy. Identify expected completion

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. Name - Certified Operator / Licensed Center If this is a licensed child care, post your copy of the

	Kindercare Learning Ctrs-Calhoun	Provide	Provider Number / Facility ID Number
Add 408	Address - Facility (Street, City, State, Zip Code) 4080 N Calhoun Rd Brookfield WI 53005	Telephone Number 262-783-4199	0000555710 / 007 - 220259 Date - Regulation Visit
	Rule/Statute Number	Correction Blow	
<u> </u>	Noncompliance Statement	correction Plan	Expected Verification Completion Date Date
	Biennial Training - Child Abuse & Neglect	Obtain certification of	
-	Description: The file for Staff B lacked documentation of the	Child House and Neglect	
		-CD or AND helips to	a
	-	complete nairings within	
N	251.05(2)(a)1.	TUD BISSING SERVING	
	Description: The file for Staff C contained an incomplete staff record	information of owner of	1/20/92
	Section B, pertaining to position at hire and use within ratio.	Completed on First day	

Nam	Name - Certified Operator / Licensed Center			
Kind	Kindercare Learning Ctrs-Calhoun	Provide	Provider Number / Facility ID Number	ber
Addr	6		0000555710 / 007 - 220259	
4080	4080 N Calhoun Rd Brookfield WI 53005	1elephone Number 262-783-4199	Date - Regulation Visit 4/19/2022	isit
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected	Verification
ω	251.05(3)(b)	,	Completion Date	Date
	Shaken Baby Syndrome Prevention Training	Obtain Shaken Baby	4/26/22	
	Description: The file for Staff C lacked documentation of completing	Syndrome constrate		¥ A
	Shaken Baby Syndrome prevention training upon review.	- CD ensure hamilions are		
		completed on this on		
•		C		
1	Cardiopulmonary Resuscitation Training	obtain CPR certification	5/12/22	
	Description: The file for Staff C lacked documentation of completing			
	Cardiopulmonary Resuscitation training, upon review.	date 30 days of Start		
Q	251.05(4)(a)	1		
	Staff Orientation - Develop, Implement, Document	orientation	56 / 26 / F	
	Description: The file for Staff B lacked documentation of a complete staff orientation upon licensing review.	- ensure an pagerman is		
		Piret day		ř
თ	251.06(2)(i) Deteriorating Paint	MOR order DUT in to	5/13/22	ĵ
	orating		9	
	U	- do weekly checks in class		
		or peculia paint		

Naii	Nallie - Certified Operator / Licensed Center			
Kin	Kindercare Learning Ctrs-Calhoun	Provide	Provider Number / Facility ID Number	er
Add	Address - Facility (Street, City, State, 7in Code)	000055	0000555710 / 007 - 220259	
408	4080 N Calhoun Rd Brookfield WI 53005	Telephone Number 262-783-4199	Date - Regulation Visit	sit
	Rule/Statute Number	Correction Plan		
1	Noncompliance Statement	Correction Plan	Expected	Verification
		obtain per anther	completion Date	Date
		can ha seem guiroage	4/28/22	*
-	to be covered, as the lid flap was broken at the time of visit.	- no meeting checks to ensure		
		Mosh cours marking evapority		
00	251.09(1)(j)	obtain correct Pitting	5/13/00	
	Description: Mattresses and mattress operations	Colo socces	9	
		ensure and wheels Pt		
Γ		property	SCORET, FORGER AN	

NAME - Certification Worker / Licensing Specialist Kayla Sands

SIGNATURE Cepified Operator or Designee / Licensee or Designee

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

Date Issued 4/28/2022

Date Signed