INSTRUCTIONS FOR COMPLETING THE CORRECTION PLAN SECTION OF THE NONCOMPLIANCE STATEMENT AND CORRECTION PLAN (DCF-F-CFS294)

I have attached the Noncompliance Statement and Correction Plan (DCF-F-CFS294) dated December 07, 2022. Please complete this form as follows:

- 1. In the column titled "Correction Plan," indicate how you intend to correct each noncompliance listed on the form and outline the steps you will take to prevent future violation of the same rule. If you need more space than is provided on the form, attach additional pages and identify the item number to which the correction plan is related. Because completed and approved correction plans will be scanned and linked to the Regulated Child Care and YoungStar Public Search internet site, which shows each provider's violations, please note the following when writing your correction plan:
 - · Do not include confidential information, including the names of children and staff.
 - · Write in concise, plain English.
 - Be specific when describing what you have done or intend to do to correct each violation.
 Non-specific statements such as "It will be fixed", "Done", "Will do", "Don't agree" or "This won't happen again" do not provide the reader with any understanding of how the violation has been corrected or how you plan to prevent the violation from occurring again.
 - Be objective, factual and descriptive. The plan should not include derogatory comments, profanity or subjective observations, such as "The licensing specialist doesn't like me."
- 2. For each noncompliance, enter the date (month, day, year) by which you expect the correction plan to be completed.
- 3. Sign and date the form. Retain a copy for your records.
- 4. Return the completed and signed form to the department by the due date that appears at the top left of the form via:
 - Email: Kayla.Sands@wisconsin.gov or
 - Fax: (262) 446-7991 or
 - Mail: DEPARTMENT OF CHILDREN AND FAMILIES
 BUREAU OF EARLY CARE REGULATION
 SOUTHEASTERN REGION
 141 NW BARSTOW ST
 ROOM 104

WAUKESHA, WI 53188

If the correction plan and the completion dates are acceptable, the form will be linked to the Regulated Child Care and YoungStar Public Search internet site. If the correction plan or the expected completion dates are not acceptable, you will be contacted in writing or by telephone.

You are required to post a copy of the Noncompliance Statement and Correction Plan (DCF-F-CFS294) in a conspicuous area near the license so that it is visible to parents. This copy must remain posted until all noncompliances have been verified as corrected and the next DCF-F-CFS294 or DCF-F-CFS785 (Compliance Statement) has been issued. Note: If applicable, do not post the Staff and Child Identification Key. The information on the key is confidential and is meant for your reference only.

Please take a few minutes to complete the Department of Children and Families (DCF) customer satisfaction survey so that you can tell us about your experience. The responses we receive to the survey will be compiled and reviewed by DCF staff to help us improve our services to child care providers. The survey takes approximately 5 minutes to complete. It is voluntary and anonymous, and there is no penalty for not responding. DCF staff will not be able to tell whether or not you responded to the survey or know what responses you submitted. Please follow this link to provide your https://www.surveymonkey.com/r/LicenseFeedback. Or, if you don't have internet access, contact your licensing office and request a paper version of the survey and a prepaid reply envelope.

Contact me if you have any questions.

	12/22/2022
NONCOMPLIANCE S	Date Correction Plan Due

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) 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. STATEMENT AND CORRECTION PLAN 262-446-7800 TO FILE A COMPLAINT CALL

may submit plans of correction however are not required to do so. Instructions: 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 The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist.

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. 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 notice of the sanction and / or penalty and your appeal rights. Name - Certified Operator / Licensed Center Return the original to your certification / licensing specialist for approval and retain a copy. This request for a correction plan is not an order imposing a sanction or If this is a licensed child care, post your copy of the

	ranic - Certilled Operator / Licensed Center			
 	Terrogro corning Otto Ottle	Provide	Provider Number / Facility ID Number	nber
2	Address Falls (2) Cus-Califoun	000055	0000555710 / 007 - 220259	
408	Address - Facility (Street, City, State, Zip Code) 4080 N Calhoun Rd	Telephone Number 262-783-4199	Date - Regulation Visit 11/29/2022	fisit
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected	Verification
_	251.04(3)(a) Report - Incident Or Accident	Center management was hained	Completion Date	Date
	Description: Center failed to report an incident/accident that was alleged to have occurred within care, that required medical evaluation, within 24 hours of knowledge of the medical evaluation.	report to licensing when a child receives medical cultention for something that may have happened in	11/29	
2	251.04(3)(k)1. Report - Law Enforcement Contact - Harm	center management has		
	Description: Center failed to provide a report to DCF about Law Enforcement contact, dealing with alleged abuse of a child in care by a child care provider, within appropriate time frames.	by law enforcement is on premise.	11/29	

	19/7		Description: Medical log book has not been review in the past six months.	
		- med log reviewed 12/7	6 251.07(6)(dm)4.	6
		gerational lids	Repeat violation: Previously cited on 4/19/2022	
			Description: A garbage can in outdoor playspace that is not tightly sealed and does not have an operational lid.	
	=/30	- removed from playground	5 251.06(2)(n) Garbage Containers - Construction & Disposal Schedule	Ŋ
		remove broken items	edges, accessible to children.	
	11/30	removed from playground	4 251.06(2)(gm) Premises - Well Drained, Clean Description: Broken Bibbs 1.	4
	11/29	disease is reported in communicable is reported in childhood communicable Diseases characteristics in office for reference		
Date		Center management was	Report - Communicable Disease Description: Center failed to provide a report to post the post.	C
Verification	Expected Completion Date	Correction Plan		w
lisit	Date - Regulation Visit 11/29/2022	Telephone Number 262-783-4199	4080 N Calhoun Rd Brookfield WI 53005	40
nber	Provider Number / Facility ID Number 0000555710 / 007 - 220259	Provid 00005	Kindercare Learning Ctrs-Calhoun Address - Facility (Street, City, State, Zin Code)	Ad K
			Name - Certified Operator / Licensed Center	Na

SIGNATURE Cartified Operator or Designee / Licensee or Designee	NAME - Agency Worker Mindi Sabljak, Rhonda Brueggemann		Noncompliance Statement	Rule/Statute Number	4080 N Calhoun Rd Brookfield WI 53005	Address - Facility (Street, City, State, Zip Code)	Kindercare Learning Ctrs-Calhoun	Language Cellel
				Correction Plan	Telephone Number 262-783-4199			
Date Signed	Date Issued 12/7/2022		Expected Completion Date		Date - Regulation Visit 11/29/2022	0000555710 / 007 - 220259	Flovider Number / Facility ID Number	Described Name of Parties of N
		Date	Verification		Visit		ımber	thor