

<b>Date Correction Plan Due</b> 2/4/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 608-422-6765
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**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.

<b>Name - Certified Operator / Licensed Center</b> Red Caboose Child Care Center Inc.		<b>Provider Number / Facility ID Number</b> 6000557946 / 001 - 120043		
<b>Address - Facility (Street, City, State, Zip Code)</b> 2346 Winnebago St Madison WI 537045498		<b>Telephone Number</b> 608-256-1566	<b>Date - Regulation Visit</b> 1/21/2026	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: Staff A and B did not have a completed biennial training on child abuse and neglect reporting laws.	Staff were sent a link to complete the training and spoken to about making sure they give me the certificate when done	January 30th, 2026	
2	251.06(9)(d)1.c. <b>Food Storage - Cold Storage Thermometers</b>  Description: Refrigerator in the infant room was not equipped with thermometer.	Thermometers were purchased and will be placed in the Fridge and Freezer	January 23rd, 2026	

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3	251.07(6)(f)1.b. <b>Medication Administration - Containers &amp; Labeling</b>  Description: Medication being stored in the classroom was not labeled with child's name and including dosage and directions for administration.	A message was sent to the family letting them know that next time medication is brought in that it will need to be in the original packaging and with a label. Staff where also reminded of this and that they should not accept medication without that or without proper documentation.	1-30-26	
4	251.09(1)(c) <b>Infant &amp; Toddler - Documenting Changes In Development</b>  Description: In the infant room, staff did not document changes on child's development and routines every 3 months based on discussions with parent.	After speaking with staff and realizing we had the wrong information and assumed it was 6 months. Staff began to make changes and document parent conversations today (1-21-26) We now have this noted in the classroom when to check.	1-23-26	
5	251.09(3)(a)9. <b>Infant &amp; Toddler - Bottle Feeding</b>  Description: An infant who was unable to hold their bottle was not held by a staff when being fed.	Staff where spoken to about this and how we should be holding them unless they can hold their own bottle. We also spoke about if multiple children need feeding and cant support their own bottle to call for assistance during feedings.	1-22-26	

**NAME** - Agency Worker  
Michelle Garcia

Date Issued  
1/21/2026

**SIGNATURE** - Certified Operator or Designee / Licensee or Designee

*Lindsey A Osborn*

Date Signed  
1-21-2026