

Date Correction Plan Due  
 9/18/2025

## NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

**TO FILE A COMPLAINT CALL**  
 715-930-1148

**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 202.085, 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 48.057. 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 Kathy's Kidcare		Provider Number / Facility ID Number 1000576331 / 004 - 1013065	
Address - Facility (Street, City, State, Zip Code) E7373 Spring Coulee Rd Westby WI 546677364		Telephone Number 608-498-6085	Date - Regulation Visit 7/31/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.06(2)(n)5. <b>Radon - Continuous Testing</b>  Description: The provider failed to conduct a test for radon gas levels every 2 years after the initial test. The provider's initial test was on 5/19/2023.	Radon test was done 8-11-25, and results were sent to Jenn Stubbe (Licensor) on 8-18-25	8-18-25	

NAME - Agency Worker  
 Jennifer Stubbe

*Kathy Berna*

SIGNATURE - Certified Operator or Designer / Licensee or Designee

Date Issued  
 9/4/2025

Date Signed  
 9-4-2025