

Date Correction Plan Due 5/27/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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.

Name - Certified Operator / Licensed Center Kid's Zone Family Child Care Llc		Provider Number / Facility ID Number 0000589210 / 001 - 2006062	
Address - Facility (Street, City, State, Zip Code) 2759 Mourning Dove Dr Cottage Grove WI 535279783		Telephone Number 608-445-5474	Date - Regulation Visit 5/12/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.04(6)(b) Current, Accurate Daily Attendance Record Description: One child was not signed into the attendance. Un niño no se registró en la asistencia.	Me asegurare de que la asistencia se registre diariamente de la llegada y salida de cada niño.	5/14/26
2	250.06(4)(a)1. Smoke Detectors Description: A smoke detector was not installed in a room where children nap. No se instaló un detector de humo en una habitación donde los niños toman la siesta.	Voy a instalar el detector de humo en el area donde duermen los niños.	5/16/26

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3	250.07(6)(g)6. Handwashing For Persons Working With Children Description: Provider did not wash hands in-between changing gloves and diaper changes. El proveedor no se lavó las manos entre el cambio de guantes y el cambio de panales.	Me asegurare de seguir los procedimientos de cambio de pañales y sanitización despues de cada cambio de Pañales y despues de cambiar los guantes.	5/14/26

NAME - Agency Worker
Michelle Garcia

Date Issued
5/13/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Rose N Baataoui

Date Signed

5/14/2026