

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

Date Correction Plan Due
11/21/2025

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
Cap Care
Provider Number / Facility ID Number
7000584737 / 001 - 1014363

Address - Facility (Street, City, State, Zip Code)
802 W Water St Cambridge WI 53523

Telephone Number
608-423-8044

Date - Regulation Visit
11/6/2025

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(3)(b)2. Emergencies - Practice Written Plans Description: Tornado drill was not conducted for the month of October.	<i>The emergency practice documentation form was signed to the managers desk to ensure it is signed out each month & monthly reminders placed in the calendar</i>	<i>Nov 10th</i>	
2	251.07(6)(i)5. Diapering Children Over Age 2 Description: A diaper was discarded in a trashcan that was not covered and handsfree.	<i>the diaper pail was repaired and a staff email was sent out reminding everyone of diapering regulations. This will be discussed at the staff meetings too</i>	<i>Nov 7th & Nov 18th</i>	

NAME - Agency Worker
Michelle Garcia

Date Issued
11/7/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

[Signature] **Date Signed**
11/19/25