

Date Correction Plan Due

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL  
920-785-7811

**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

Provider Number / Facility ID Number

Mother Goose Family Daycare Center

2000590152 / 001 - 2005155

Address - Facility (Street, City, State, Zip Code)

N9094 Hwy 45 Clintonville WI 54929

Telephone Number  
715-823-6900

Date - Regulation Visit  
2/18/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(2)(L)1.a. <b>Monitoring Results Posted</b>  Description: Center failed to have the latest monitoring visit posted.	Will hang noncompliance by front door.	2/20/26	
2	251.09(1)(c) <b>Infant &amp; Toddler - Documenting Changes In Development</b>  Description: Center failed to have intake forms updated in the toddler room, five in total needed to be updated.	Will have parents update & sign intake forms.	3/2/26	

<b>Name - Certified Operator / Licensed Center</b> Mother Goose Family Daycare Center		<b>Provider Number / Facility ID Number</b> 2000590152 / 001 - 2005155	
<b>Address - Facility (Street, City, State, Zip Code)</b> N9094 Hwy 45 Clintonville WI 54929		<b>Telephone Number</b> 715-823-6900	<b>Date - Regulation Visit</b> 2/18/2026
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
3	251.09(1)(d) <b>Infant &amp; Toddler - Assignment To Room &amp; Caregiver</b>  Description: The center failed to have a self-contained classroom in the toddler room due to the changing table located in the adjoining bathroom.	Changing table moved outside of restroom area.	2/23/26
			<b>Verification Date</b>

NAME - Agency Worker  
Amie Bodart

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Jessica Schroeder*

Date Signed  
2/24/2026