

<b>Date Correction Plan Due</b> 10/2/2025	<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)(l) 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>		<b>Provider Number / Facility ID Number</b>	
Kids' Safari Learning Center		5000590715 / 001 - 2005855	
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>
207 Commerce Pkwy Cottage Grove WI 535278955		608-839-9095	7/8/2025
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	251.07(2)(e)5. <b>Prohibited Actions - Cruel, Aversive, Frightening, Humiliating Actions</b>  Description: The center was not in compliance when prohibited actions that are frightening or humiliating were used to redirect a child who was sprayed in the face with a hose. This violation was self-reported.  Repeat violation: Previously cited on 7/12/2024  <i>Parent of child was notified same day.</i>	<i>Staff meeting was held and prohibited actions were covered. We talked about previous citations AND this citation. KSLC has zero tolerance for any form of abuse + individual is no longer employed @ KSLC.</i>	
2	251.09(3)(a)2m. <b>Infant &amp; Toddler - Correct Food, Breastmilk, Or Formula</b>  Description: The center was not in compliance when an infant received the incorrect formula. This violation was self-reported.  <i>Parent was notified w/in 10 min.</i>	<i>Bottles weren't properly labeled despite communication w/ parent. We will be creating internal labels and all bottle pieces will be labeled and checked prior to feeding.</i>	

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608-839-9095

7/8/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
		<p>Handwritten text in the Correction Plan column, including phrases like "The center will be...", "The center will be...", "The center will be...", "The center will be...", "The center will be...", "The center will be...", "The center will be...", "The center will be...", "The center will be...", "The center will be..."</p>		

NAME - Agency Worker  
Robert Mccoy

Date Issued  
9/18/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Robert McCoy*

9/18/25

