

Date Correction Plan Due
11/27/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

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
United Family Childcare
Provider Number / Facility ID Number
9000571039 / 001 - 1007530

Address - Facility (Street, City, State, Zip Code)
3902 School Rd A Madison WI 537041958
Telephone Number
608-249-8192
Date - Regulation Visit
11/5/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)1. Child Record - Enrollment Information Description: Enrollment information for Child 2 did not include the following: emergency contact information, physician/medical facility information, and emergency medical care and treatment information.	<i>will make sure every child has emergency contact information, physician medical facility information and emergency medical care and treatment information</i>	<i>11/15/25</i>	
2 250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period Description: The provider does not have documentation of continuing education training requirements.	<i>will have the documentation of continuing education from former requirements on list ready for next visit</i>	<i>11/15/25</i>	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.09(1)(c)4. Infant & Toddler - Soft Materials In Cribs Description: A six month old child sleeps in a pack n play that contains a pillow when the licensing specialist observed the pillow in the pack n play and the provider reported that the infant's head is on the pillow while they sleep.	<i>will move the pack n play that contains a pillow in the pack n play. will make sure pack n play is clear no pillow, in the pack n play.</i>	<i>11/15/25</i>	

NAME - Agency Worker
Kimberly Liehbart

Date Issued
11/13/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

