

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

Date Correction Plan Due
12/10/2025

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 Kit's Creek Childcare		Provider Number / Facility ID Number 7000592137 / 001 - 2007334	
Address - Facility (Street, City, State, Zip Code) 304 E State St Albany WI 535029583		Telephone Number 608-862-5437	Date - Regulation Visit 11/26/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.09(3)(a)2m. Infant & Toddler - Correct Food, Breastmilk, Or Formula Description: Staff did not ensure each child was fed the correct breastmilk when an 8-month-old was served the incorrect breastmilk. The incident was self-reported.	<ul style="list-style-type: none"> Retraining infant staff on proper breast milk storage, labeling, verification & feeding procedures 2 step verification when removing milk from fridge and when serving check labels on bottles. 	12-10-25
			Verification Date

NAME - Agency Worker
Sara Bossingham Obrien

Date Issued
11/26/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Battony Schlegel

Date Signed
12-9-25