DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/5/2026		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		Provider Number / Facility ID Number	
Kit's Creek Childcare		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** 9/2/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff A did not have documentation of having a physical examination within 30 days of hire.	Form was given to the staff member	10/5/26	
2	251.05(2)(a)4.a. **Staff Record - Registry Certificate** Description: Staff A did not have a Registry certificate documenting that they have met the education qualifications for the position.	Staff was informed to show proof	10/5/26	

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Provider Number / Facility ID Number
304 E State St Albany WI 535029583	608-862-5437	7000592137 / 001 - 2007334

	Rule/Statute Number Noncompliance Statement	Correction Plan	Date - Regulation Visit 9/2/2026 Expected Completion Date	Verification Date
3	251.05(2)(a)5. **Staff Record - High School Diploma** Description: Staff A did not have documentation of a high school diploma or its equivalent as required for their position.	Staff brought document in	10/5/26	
4	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: The CPR/AED certificate for staff A was not from an agency approved by the department. Repeat violation: Previously cited on 2/5/2025	The director is in the process of getting staff ready.	10/5/26	

NAME - Agency Worker
Sara Bossingham O'Brien

Date Issued
9/21/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Christina Calhoun

Date Signed
9/30/2026