

Date Correction Plan Due 3/24/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 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)(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 Children's Cottage		Provider Number / Facility ID Number 0000556350 / 002 - 1014062	
Address - Facility (Street, City, State, Zip Code) W10460 County Road Pp Elroy WI 539299722		Telephone Number 608-462-8356	Date - Regulation Visit 3/10/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(2)(g)1. <b>Certificate Of Insurance - Dates Of Coverage</b>  Description: The center was not in compliance when there was no current certificate of insurance on file. Documents were requested by email on December 17, 2024 and January 17, 2025	Thought all records had been sent. Sent file immediately	3/10/25	
2 251.06(2)(p)1.a <b>Radon - Testing</b>  Description: The center was not in compliance when there was no current radon testing results on file. Documents were requested by email on December 17, 2024 and January 17, 2025.	Though all records had been sent sent file immediately	3/10/25	

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 3/10/25

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.06(6)(b)1.a <b>Private Well - Annual Bacteria Test</b>  Description: The center was not in compliance when there was no current annual bacteria test found on file. Documents were requested by email on December 17, 2024 and January 17, 2025.	Thought all records had been sent	3/10/25	
4 251.06(6)(b)2.a <b>Private Well - Annual Nitrate Test</b>  Description: The center was not in compliance when there was no current annual nitrate test found on file. Documents were requested by email on December 17, 2024 and January 17, 2025.	Sent file immediately	3/10/25	

NAME - Agency Worker  
Robert McCoy

Date Issued  
3/10/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Jan Benish*

3/10/25