

Date Correction Plan Due	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 Kindercare		Provider Number / Facility ID Number 0000580590 / 090 - 2006021		
Address - Facility (Street, City, State, Zip Code) 1020 N Windsor Ave Cottage Grove WI 535279130		Telephone Number 608-839-6108	Date - Regulation Visit 9/23/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(2)(gm) Premises - Well Drained, Clean, In Good Repair Description: The premises was not in good repair when, during the licensing visit, no lights were on in the front office area and hallways. Staff stated that the lights in the building have to be operated by a breaker panel in a utility room and they don't work via the light switches. The light switches have not been working for at least a month according to staff statements.	light will be fixed by 10-30-25	10/30/25	

NAME - Agency Worker
Casey Allison
Monica Lewis
SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Issued
10-03-25
Date Signed