

| | | |
|---|--|---|
| Date Correction Plan Due 11/19/2025 | 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.

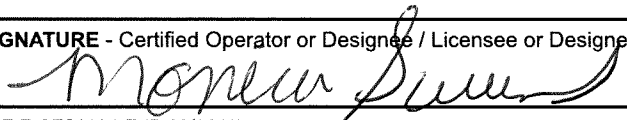
| | | | | |
|---|--|---|---------------------------------|--------------------------|
| Name - Certified Operator / Licensed Center | | Provider Number / Facility ID Number | | |
| Kindercare | | 0000580590 / 090 - 2006021 | | |
| Address - Facility (Street, City, State, Zip Code) | | Telephone Number | Date - Regulation Visit | |
| 1020 N Windsor Ave Cottage Grove WI 535279130 | | 608-839-6108 | 11/3/2025 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | <p>251.04(2)(h)2. Policy Submitted & Implemented - Personnel</p> <p>Description: The center did not follow the personnel policies submitted to the department when, based on staff interviews, staff members still have to report to work when they are ill until another staff member is able to cover them. This can take up to several hours.</p> <p>The policy submitted to the department by the center states that staff should stay home when they are ill and inform their manager as soon as possible.</p> | <p>Staff got a new Updated Policy.</p> | <p>11/4/2025</p> | |

| | | | |
|--|--|---|---|
| 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 11/3/2025 |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date |
| 2 | 251.05(3)(k)1. Contact With Person - Illness, Communicable Disease Description: Based on staff interviews, staff members with illnesses are required to report to work until someone else can cover for them. In some cases, this can take several hours. During the visit, a staff member stated that she wasn't feeling well but had still been at the center for approximately 4 hours until someone could cover for her. | Staff got a new policy when to someone to work and call in. | 11/4/25 |
| 3 | 251.06(2)(gm) Premises - Well Drained, Clean, In Good Repair Description: The premises was not in good repair when, based on staff interviews, the light switches for the hallway and front office area are not working and have not worked for several months. The lights have to be operated via a breaker panel in a utility room. According to staff, the panel has also sparked when the lights were being turned on. Repeat violation: Previously cited on 9/23/2025 | Parts have been ordered waiting to get her. Parts will be here around 11/24/25. | 11/28/25 |

NAME - Agency Worker
Casey Allison

Date Issued
11/5/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

11/11/25