

Date Correction Plan Due 10/10/2025	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 Kids Junction Llc		Provider Number / Facility ID Number 4000576914 / 001 - 1007643	
Address - Facility (Street, City, State, Zip Code) 8084 Watts Rd Madison WI 53719		Telephone Number 608-827-5437	Date - Regulation Visit 9/19/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	<p>251.055(1)(a) Supervision Of Children</p> <p>Description: All children were not supervised by a child care worker within sight and sound when, on September 8, 2025, a three-year-old child was left outside of a playground for approximately 2 minutes while the rest of the class was on the playground.</p> <p>This incident was self reported by the center.</p> <p>Repeat violation: Previously cited on 2/27/2025, 11/19/2024</p>	<p>An addition was added to our current Transition Policy, in which a staff member must always have a support staff with them when they leave the classroom. Staff were required to sign off on reading and understanding the updated policy and to let us know if they have any questions.</p> <p>The updated Transition Policy is attached.</p>	9.29.25

Name - Certified Operator / Licensed Center Kids Junction Llc		Provider Number / Facility ID Number 4000576914 / 001 - 1007643	
Address - Facility (Street, City, State, Zip Code) 8084 Watts Rd Madison WI 53719		Telephone Number 608-827-5437	Date - Regulation Visit 9/19/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
2	<p>251.055(1)(f) Child Tracking Procedure</p> <p>Description: The center's child tracking procedure failed when, on September 8, 2025, a staff member failed to conduct an attendance check while taking a group of children to a playground, resulting in a three-year-old child being left outside of the playground for approximately 2 minutes.</p> <p>This incident was self reported by the center.</p> <p>Repeat violation: Previously cited on 2/27/2025; 11/19/2024</p>	<p>Along with the new update of the transition policy, given to staff on Friday, September 26th each staff person also received another copy of the current transition policy reminding them of the detailed steps required when transitioning from and back to their classroom.</p> <p>The current Transition Policy is attached.</p>	<p>9.29.25</p>

NAME - Agency Worker
Casey Allison

Date Issued
9/25/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Sheryl Schommer

Date Signed

9.29.25