DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 9/9/2025	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 applicabl 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 Schoo may submit plans of correction however are not required to do so.

ructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialis plete 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 completic (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 th compliance 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 enalty 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 otice of the sanction and / or penalty and your appeal rights.

ame - Certified Operator / Licensed Center	Provider Number / Facility ID Number
Kids Corner	9000585969 / 001 - 1015800

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
16 S Wisconsin St Mineral Point WI 53565	608-574-5228	8/22/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.07(3)(a)4. **Play Equipment - Condition** Description: The play equipment was not in good condition when the outdoor play structures had very tall weeds growing inside them, presenting potential hazards to the children.	•tree/weed removal 8/23/25 • I will be putting foam floor tiles in Play Space to help with weed growth. •Also Contacted my lawncare company to make sure they weed at/while mowing yard.	Tree/weed removal 8/23/25 AMW ~~8/~~ 9/5/25 I hope to have all foam tiles added by this date. AMW	

NAME - Agency Worker
Casey Allison

Date Issued
8/26/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Andrea M. Wilson

Date Signed
8/27/25

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la@averydennison.com