

Date Correction Plan Due
10/27/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

STATE OF WISCONSIN

TO FILE A COMPLAINT CALL
1-800-221-9181

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 202.085, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.4(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. 48.857. 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

Moe's Care Bears

Provider Number / Facility ID Number
5000592215 / 001

Address - Facility (Street, City, State, Zip Code)
1116 Greig Trail Stoughton WI 53589

Telephone Number
608-887-0246

Date - Regulation Visit
10/13/2025

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
202.08(5)(i)	The Certified Child Care Operator Shall Keep Current And Accurate Written Records Of The Daily Hours Of Attendance Of Each Child In Care, Including The Actual Arrival And Departure Time Times For Each Child. If Children Are Transported To Or From The Premises Or School By The Operator Or Another Provider On Behalf Of The Operator, The Daily Attendance Record Shall Include The Actual Time The Child Was Picked Up Or Dropped Off.	Child was added in on dates care was provided	10/24/25	10-28-25 HT

Description: Attendance records for the month of September 2025 were not completely accurate as there were 3 children who attended for a short time that were not listed on any attendance records.

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Name - Certified Operator / Licensed Center

Moe's Care Bears

Address - Facility (Street, City, State, Zip Code)
1116 Greig Trail Sloughton WI 53589

Provider Number / Facility ID Number
5000592215 / 001

Telephone Number
608-987-0248

Date - Regulation Visit
10/13/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 202.08(6)(a) No Certified Family Child Care Operator May Have More Than 3 Children Under 7 Years Of Age Who Are Not Related To The Child Care Operator In Care At Any Given Time. Description: Upon reviewing attendance records for September 2025, there were 3 instances of 4 children under the age of 7 being present for 5 hours or less at a time. See attached sheet for specifics.	Children were removed from care [Redacted]	9/16/25	10/16/25

OCT 24 2025

NAME - Agency Worker

Brianna Heldke

[Handwritten Signature]

Date Issued
10/13/2025

Date Signed

SIGNATURE

Certified Operator or Designee / Licensee or Designee

[Handwritten Signature]
10/24/25