Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/16/2026		920-785-7811

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
Waters Before School Care	4000558514 / 003 - 2006654

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
495 Wabash Ave Fond Du Lac WI 549355924	920-921-3698	9/22/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. **Child Record - Enrollment Information** Description: Of 6 Children's Records reviewed 2 were missing documentation of fully completed enrollment information.	The Family Will fill out the Proper Paperwork.	11/6/26	
2	251.04(6)(a)2. **Child Record - Emergency Medical Consent** Description: Of 6 Children's Records reviewed 2 were missing documentation of consent for emergency medical care.	The Family Will fill out the Proper Paperwork.	11/6/26	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Waters Before School Care		4000558514 / 003 - 2006654	
Address - Facility (Street, City, State, Zip Code) 495 Wabash Ave Fond Du Lac WI 549355924		**Telephone Number** 920-921-3698	**Date - Regulation Visit** 9/22/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.04(6)(a)6. **Child Record - Health History** Description: Of 6 Children's Records reviewed 1 was missing documentation of a completed Health History.	The Family Will Complete When they See the doctor, JUST moved here.	11/6/26	
4	251.05(2)(a)1. **Staff Record - Personal Information** Description: Of 2 Staff Records reviewed 1 was missing documentation of personal information such as that found on a staff record form.	They filled it out, have to turn it in.	10/16/26	
5	251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: Medical log book failed to be documented as reviewed every 6 months with staff. Last documented review was 9/25.	I will review the med log book every month.	10/30/26	

NAME - Agency Worker
Ruth Sprangers

Date Issued
10/2/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Nicole Wenke

Date Signed
10/9/26