Name - Certified Operator / Licensed Center

STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
4/10/2026

TO FILE A COMPLAINT CALL
715-930-1148

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	
Dahl House Day Care		3000569523 / 001 - 1006710	
Address - Facility (Street, City, State, Zip Code) N15152 Cty Rd K Galesville WI 54630	**Telephone Number** 608-484-0992	**Date - Regulation Visit** 3/25/2026	
Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1 250.04(6)(a) **Child Record - Maintenance, Availability** Description: The provider was missing a child record for Child #8 who was in care on the day of the monitoring visit. Per rule, the provider shall maintain a current written record at the center on each child enrolled. Repeat violation: Previously cited on 4/3/2024	I will get all paperwork for child #8	May 1 2026	

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2	250.04(6)(a)3. **Child Record - Alternate Arrival / Release Agreement** Description: The center was missing documentation (for all 3 children that got off the bus on the day of the monitoring visit) of authorization from the parent outlining the plan for children to come to the center from school, home or other activities and/or go from the center to school, home or other activities unless the child is accompanied by a parent or other authorized person or transported by the center. Repeat violation: Previously cited on 4/3/2024	I will get alternate release forms for all three kids.	May 1, 2026	
3	250.05(3)(e)2. **Provider Training - Current Cpr Certificate** Description: Provider was missing documentation of having maintained a current certificate of completion for infant and child cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use from an agency approved by the Department.	I will get CPR class updated	June 1, 2026	
4	250.06(9)(a) **Kitchen Equipment, Utensils, Eating Surfaces** Description: The provider did not clean the kitchen table before serving afternoon snack to children as observed during the monitoring visit.	I will clean table before meals.	Immediately	

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5	250.07(6)(g)1. **Hand & Face Washing** Description: Children did not wash their hands before eating afternoon snack as observed during the monitoring visit.	I will make sure kids wash hands before meals.	Immediatly	
6	250.07(6)(g)6. **Handwashing For Persons Working With Children** Description: The provider did not wash her hands before serving afternoon snack to children as observed during the monitoring visit.	I will wash my hands before serving meals.	Immediatly	

NAME - Agency Worker
Jennifer Stubbe

Date Issued
3/27/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
4/4/26