

Date Correction Plan Due 11/27/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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 Great Outdoors Learning Center Llc		Provider Number / Facility ID Number 5000573325 / 002 - 2000243		
Address - Facility (Street, City, State, Zip Code) W5602 County Road D Holmen WI 546369110		Telephone Number 608-526-2834	Date - Regulation Visit 11/5/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)2. Staff Record - Completed Background Check Description: The center did not have documentation of a completed background check that indicates the person is eligible to work in a child care program as specified in s.48.686, Stats.		11/24/2025	
2	251.05(2)(a)3.a. Staff Record - Physical Examination Description: The file for Staff A did not contain documentation of a physical examination report on a form provided by the department, completed within 12 before or within 30 days after beginning to work with children in care, indicating the person is free from illness detrimental to children, including tuberculosis, and a physically able to work with young children.	This substitute teacher had fingerprinting background check performed on 11/24/2025 and has been entered on the WI Child Care Provider Portal, so results will be automatically uploaded. This substitute teacher had a health exam performed on 11/24/2025 and health report is on file and sent to licensor.	11/26/2025	

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NAME - Agency Worker
Kimberly Jasper

Date Issued
11/13/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Amanda Christianson

Date Signed
11/21/2025