Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
5/7/2026		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
Great Lakes Learning Center	3000593333 / 001 - 2008377

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
425 W Walters St Prt Washingtn WI 530741453	262-488-1876	2/17/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Based on records review, staff member A did not have a physical exam on file after 30 days of employment. Repeat violation: Previously cited on 1/28/2026, 10/30/2025	Staff member got her physical Completed on Feb. 19 2026	Feb. 19 02/19/26	
2	251.055(2)(b) **Staff-To-Child Ratios - Minimum** Description: Based upon observation, on 02/17/2026 a staff member in the Little Pirates classroom left the classroom to answer the center door, leaving the room out of ratio. When the staff member left to answer the door, there was only one staff member with six children under the age of two. The total numerical weight of the group was 1.5, requiring two staff members.	1.) Putting sign of all classrooms stating "Please wait, Staff will assist yours Soon as ratio allows"	04/27/26	

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
	2.) When available we will designate a "Door person" 3.) When available another Staff member will step into a room So Someone can answer door 4.) When available we will use our intercom on door bell to MAINTAIN RATIO!		

NAME - Agency Worker
Gloribel Tegen, Amanda Holz

Date Issued
4/23/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Chad Balough

Date Signed
4/27/26