

**Date Correction Plan Due**  
2/23/2026

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**TO FILE A COMPLAINT CALL**  
608-422-6765

**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**

Quad Care Lomira

**Provider Number / Facility ID Number**

2000558502 / 001 - 120732

**Address - Facility (Street, City, State, Zip Code)**  
N11896 Hwy 175 Lomira WI 53048

**Telephone Number**  
920-269-5500

**Date - Regulation Visit**  
2/5/2026

Noncompliance Statement	Correction Plan		Expected Completion Date	Verification Date
	Description	Steps		
<p><b>1</b></p> <p><b>251.06(3)(b)2. Emergencies - Practice Written Plans</b></p> <p>Description: Emergency fire evacuation drills were not practiced monthly when the program did not practice their drills in January, as required.</p>	<p>The center will conduct and document monthly fire drills year-round. During periods of extreme cold or hazardous weather, fire drills will be modified and documentation will clearly state that the drill was completed indoors with evacuation steps and expectations explained to the children.</p>	<p>02/23/26</p>		
<p><b>2</b></p> <p><b>251.07(5)(b)5. Eating Surfaces - Cleaned, Sanitized</b></p> <p>Description: Eating surfaces were not washed and sanitized before use when children in the toddler room were served lunch and the table was not washed and sanitized before the meal was served.</p>	<p>The center will comply with DCF 251.06(5)(d) by ensuring all eating surfaces are washed and sanitized before and after each use. All staff will receive refresher training on cleaning all surfaces where food is served or eaten, such as tables, high-chair trays, and counters used for meals or snacks.</p>	<p>02/23/26</p>		

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker  
Kimberly Liebhart

Date Issued  
2/9/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

DCF-F-QFS0294-E (R.06/2011)  


02/09/26