DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due 8/5/2026	**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 applicabl 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 Schoo 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 specialis 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 completic 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 th 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 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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center Orfordville Afterschool Program		**Provider Number / Facility ID Number** 7000589067 / 001 - 2003224
Address - Facility (Street, City, State, Zip Code) 106 W Church St Orfordville WI 535768755	**Telephone Number** 608-289-2587	**Date - Regulation Visit** 7/21/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: Staff A did not have a current cpr certificate on file.	Staff A's certificate of CPR has been placed in file.	8/05/26	
2	251.07(5)(a)5m. **Menus - Repeating** Description: The posted daily menu repeated the same meal for snack in a one-week time period.	Snack menu will be planned with no meals repeated in the same week.	8/05/26	

NAME - Agency Worker
Rebecca Brickson

Date Issued
7/22/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Carol A Olson

Date Signed
08/05/26