Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
1/23/2026		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	Provider Number / Facility ID Number
The Goddard School Of Waunakee	5000593435 / 001 - 2008458

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1117 Stephenson Ln Waunakee WI 535972516	608-206-1213	1/22/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. **Staff Record - Days & Hours Worked** Description: Center did not maintain accurate documentation of staff hours worked when included in staff-to-child ratios when several staff did not sign out of the toddler classroom for 1/21 and 1/22.	Staff will ensure to sign in and out of the attendance form when they enter or leave a classroom. Admin will ensure the proper documentation is being done correctly by checking the attendance forms every night	1/26/26	
2	251.07(5)(a)5.a. **Menus - Post** Description: Menus were not posted in an area easily visible to parents.	Menus will now be posted outside all the classrooms	1/26/26	

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Address - Facility (Street, City, State, Zip Code) 1117 Stephenson Ln Waunakee WI 535972516		**Telephone Number** 608-206-1213	**Date - Regulation Visit** 1/22/2026	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.07(6)(i)2. **Adult Handwashing** Description: Staff did not wash hands with soap and warm running water after each diaper change and after wiping a nose with a tissue.	All staff members will complete a new hand washing training during our next staff meeting. All staff have been informed that they must wash hands after a diaper change as well as wiping noses with a tissue.	1/26/26	

NAME - Agency Worker
Rebecca Brickson

Date Issued
1/23/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Lucy Brooks

Date Signed
1/26/26