

Date Correction Plan Due 3/17/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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		Provider Number / Facility ID Number	
Y Sacc Parkview		9000559219 / 028 - 2004065	
Address - Facility (Street, City, State, Zip Code) W72n853 Harrison Ave Cedarburg WI 530121049		Telephone Number 262-808-8279	Date - Regulation Visit 3/2/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.055(1)(a) Supervision Of Children Description: Based upon observation a child was left in the bathroom when the class transitioned back to the lunchroom	Reviewed Active Supervision best practices with staff & discussed strategies so this does not happen in the future.	3/10/20	
2 251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: Based upon observation the fridge did not have a thermometer.	Fridge Thermometer Replaced	3/4/20	

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W72n853 Harrison Ave Cedarburg WI 530121049		262-808-8279	3/2/2026	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	
Verification Date				
3	251.07(5)(b)5. Eating Surfaces - Cleaned, Sanitized Description: Based upon observation the tables were not sanitized prior to snack being served.	Discussed the proper procedure for cleaning & sanitizing meal tables both before & after snack always.	3/16/26	
4	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Based upon observation a medical authorization form was not completed for medication on premise.	Medication Authorization form parent was received it is now onsite with the medication.	3/16/26	

NAME - Agency Worker
Amanda Holz

Date Issued
3/3/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

3/16/2026