DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

| Date Correction Plan Due | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL |
|---|---|---|
| 1/28/2026 | | 715-361-7700 |

***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*** | |
|---|---|---|---|
| Safe Haven Christian Academy | | 9000586899 / 003 - 2008697 | |
| ***Address - Facility (Street, City, State, Zip Code)*** | ***Telephone Number*** | ***Date - Regulation Visit*** | |
| 7626 Ush 45 Three Lakes WI 545629070 | 262-989-9805 | 1/9/2026 | |

| | ***Rule/Statute Number Noncompliance Statement*** | ***Correction Plan*** | ***Expected Completion Date*** | ***Verification Date*** |
|---|---|---|---|---|
| 1 | 251.07(6)(i)2.<br>***Adult Handwashing***<br><br>Description: Staff did not wash their hands after wiping a child's nose. | Steps to Prevent Future Non-Compliance:<br>1. All staff will receive a refresher training on handwashing procedures, including required times for handwashing as outlined in DCF 251.07(6)(i)2.<br>2. Handwashing procedures will be reviewed during staff meetings and incorporated into ongoing staff supervision.<br>3. Visual handwashing reminder signage will be posted at sinks in classrooms and bathrooms.<br>4. Lead teachers and administration will monitor staff practices through routine classroom walkthroughs to ensure compliance.<br>5. - Hayley Towne | 1/9/2026 | |

***NAME*** - Agency Worker
Heather Struck, Brooke Lampe

Date Issued
1/13/2026

***SIGNATURE*** - Certified Operator or Designee / Licensee or Designee

Date Signed
11/20/2026