

Date Correction Plan Due 11/3/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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 Learning Wagon Adventures Llc		Provider Number / Facility ID Number 5000592175 / 001 - 2007370	
Address - Facility (Street, City, State, Zip Code) 701 14Th Ave S Bangor WI 546148704		Telephone Number 608-633-8562	Date - Regulation Visit 8/26/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	<p>251.06(9)(d)2.a. Food Storage - Dry Food</p> <p>Description: Open packages of dry foods were observed in cupboards in kitchen area. Dry foods, if opened, are required to be stored in bags with zip-type closure or containers with a tight-fitting cover and should be labeled.</p>	<p>Put all opened food is placed in Z-lock bags</p>	<p>8-26-25 *fixed Right away</p>
2	<p>251.07(6)(f)1.a. Medication Administration - Parent Authorization</p> <p>Description: The parent authorization form for prescription medication must include start and end dates for the length of the authorization that do not exceed the time specified on the label of the medication. One child's written authorization for medication was missing start and end dates for the length of the authorization.</p>	<p>Parents added start to end date for in later</p>	<p>8-26-25 *fixed Right away</p>

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

Date Issued
10/20/2025

NAME - Agency Worker
Jennifer Stubbe, Amelia Gruber

Date Signed

10-20-25

SIGNATURE - Certified Operator or Designee / Licensee or Designee

