

<b>Date Correction Plan Due</b> 8/8/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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**  
Encompass De Pere Center  
Provider Number / Facility ID Number  
3000559973 / 005 - 1006927

**Address - Facility (Street, City, State, Zip Code)**  
2000 Lawrence Dr De Pere WI 541158126  
Telephone Number  
920-336-1541  
Date - Regulation Visit  
7/18/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.09(3)(a)2m. <b>Infant &amp; Toddler - Correct Food, Breastmilk, Or Formula</b>  Description: The center self-reported that on 07/11/2024 a child was fed the wrong breast milk. The bottles were warming at the same time and the wrong bottle was grabbed and served to one of the children.	All educator will verify the colored tape matches the child's assigned color along with double check of bottles.	Effective immediately	

**NAME - Agency Worker**  
Erin Taylor  
  
Date Issued  
7/25/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**  
*Erin Taylor*  
  
Date Signed  
8/2/24