

<b>Date Correction Plan Due</b> 12/1/2025	<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)(f) 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.

<b>Name - Certified Operator / Licensed Center</b> Encompass Carol B Bush Center		<b>Provider Number / Facility ID Number</b> 3000559973 / 007 - 420467		
<b>Address - Facility (Street, City, State, Zip Code)</b> 500 Pine St Green Bay WI 543015140		<b>Telephone Number</b> 920-436-7557	<b>Date - Regulation Visit</b> 11/3/2025	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b>  Description: A child in the 4k classroom had an authorization for an epi pen that had expired 12/2024.  Repeat violation: Previously cited on 6/18/2025	Parent has updated Epi pen authorization	11/4/25	
2	251.07(6)(f)5. <b>Medication Administration - As Labeled &amp; Authorized</b>  Description: A child in the 4 year old room had an expired inhaler dated 7/2025.  Repeat violation: Previously cited on 6/18/2025, 6/14/2024	Parent has provided new inhaler	11/5/25	

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3	251.09(1)(k) <b>Infant &amp; Toddler - Bedding</b>  Description: On 11/3/25, during nap time, in the 3k room there were three children who all had their heads covered with blankets. The three children's nap area was surrounding the child care worker at the time of the observation.	Had a conversation with staff about safe sleep for children. We also discussed and have changed nap sleep arrangements to help prevent light in children's eyes. If child covers face teachers will remove blankets from face.	11/15/25	
4	251.09(3)(a)2m. <b>Infant &amp; Toddler - Correct Food, Breastmilk, Or Formula</b>  Description: The center self-reported that on October 31, 2025, a child care worker fed a five-month-old child approximately two oz. of another child's expressed breastmilk.	Incident was reviewed with Employee. Policy was gone over and Employee who gave the wrong milk was put on a corrective action plan.	10/31/25	

**NAME - Agency Worker**  
Jessica Farah

**Date Issued**  
11/17/2025

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

**Date Signed**

*Jessica Farah*

11/24/25