

Date Correction Plan Due	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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 Encompass Carol B Bush Center		Provider Number / Facility ID Number 3000559973 / 007 - 420467		
Address - Facility (Street, City, State, Zip Code) 500 Pine St Green Bay WI 543015140		Telephone Number 920-436-7557	Date - Regulation Visit 3/5/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(f)5. Medication Administration - As Labeled & Authorized  Description: On 3/5/26, there was an expired epi pen in the 4k room (exp 12/25).  Repeat violation: Previously cited on 11/3/2025, 6/18/2025, 6/14/2024	Message was sent, mom brought in replacement epi pen @ pick-up.	3/5/26	
2	251.07(6)(f)6. Current Authorizations For Medications On Premises  Description: On 3/5/26, there was no authorization for an inhaler in the 3k room.	Message was sent to Family new fbrms distributed sent in to doctor. Received forms from parent,	3/10/26	

NAME - Agency Worker  
Jessica Farah

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Krista Bush*

Date Signed

3-10-26