

Date Correction Plan Due 4/6/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
---	--	---

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 - Pulaski Center		Provider Number / Facility ID Number 3000559973 / 002 - 420130		
Address - Facility (Street, City, State, Zip Code) 435 Nancy Ln Pulaski WI 541629788		Telephone Number 920-822-2060	Date - Regulation Visit 3/18/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(2)(d) Access To Materials Potentially Harmful To Children Description: Based on observation on 3/18/26, there was a bucket of melting salt without a cover in the 4k room.	As the cover could not be found a new container replaced the existing container. A label was added to the new container stating the cover needs to remain on the bucket at all times when not used.	3/23/26	
2	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Based on record review on 3/18/26, there was a medication authorization in the Dino room without a beginning and end date for the length of medication administration.	Teaching staff were retrained on proper procedure. The beginning date is the date the form is filled out and the end date is the date the medication expires or 1 yr. from the beginning date, whichever comes first.	3/19/26	

Name - Certified Operator / Licensed Center Encompass - Pulaski Center		Provider Number / Facility ID Number 3000559973 / 002 - 420130	
Address - Facility (Street, City, State, Zip Code) 435 Nancy Ln Pulaski WI 541629788		Telephone Number 920-822-2060	Date - Regulation Visit 3/18/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.07(6)(f)6. Current Authorizations For Medications On Premises Description: Based on record review on 3/18/26, there was a medication in the 4K room with an expired medication authorization form which the form expired in February 2026.	New medication had been brought in however new med expiration date had not been put in. To avoid this in the future anytime new medication is brought in family staff will be given a new form to complete	3/19/26

NAME - Agency Worker
Dao Xiong

Date Issued
3/23/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Holly Kueger

3-23-26