Date Correction Plan Due 9/10/2026	**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		**Provider Number / Facility ID Number**	
Encompass Bellin Health Center		3000559973 / 003 - 420127	
Address - Facility (Street, City, State, Zip Code) 1823 S Webster Ave Green Bay WI 543012253	**Telephone Number** 920-436-7540	**Date - Regulation Visit** 8/24/2026	
	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date** / **Verification Date**
1	251.07(6)(f)1.b. **Medication Administration - Containers & Labeling** Description: On 8/24/26, in the dinos room there was an expired inhaler (3/26).	8/28 - Parent took home expired inhaler & replaced it with a new one. Director reminded staff to watch for expiration dates on prescriptions	8/28/26

NAME - Agency Worker
Jessica Farah

Date Issued
8/27/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Kat Cast

Date Signed
8/28/26