

Date Correction Plan Due 3/16/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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.

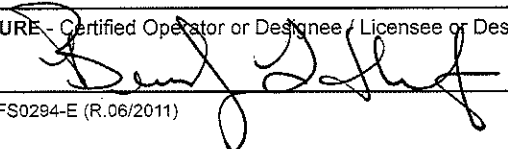
Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Helen R Godfrey Unv Chld Lrn And Cc		4000559624 / 001 - 1004901		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
910 Fremont St Deizell Hall Stevens Point WI 544813105		715-346-4370	1/30/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)2. Staff Record - Completed Background Check Description: Staff A, in the Bunny Classroom, identified themselves as practicum student and did not have approved DCF backgrounds on file.	Center functions as a lab school to the University. Discussion had with professors on college student observers identifying themselves accordingly vs. practicum + clarify role.	5/18/26	
2	251.07(6)(i)2. Adult Handwashing Description: Staff in the Bunny Classroom did not wash their hands before putting on gloves and after taking them off when assisting with toileting and diapering.	All staff were retrained on proper diapering procedure, steps 1-12, to always be completed with each diapering child.	2/27/26	

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			Verification Date

NAME - Agency Worker
Heather Struck, Amanda Foley

Date Issued
2/10/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
3/13/2026