Date Correction Plan Due 9/25/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 715-361-7700

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) 910 Fremont St Delzell Hall Stevens Point WI 544813105	**Telephone Number** 715-346-4370	**Date - Regulation Visit** 9/2/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff C did not have record of a health report on file that was completed within 12 months prior to nor more than 30 days after hire.	Health report on file to be updated by staff member.	10/1/26	
2	251.07(6)(f)1.b. **Medication Administration - Containers & Labeling** Description: One prescription medication was not in the original container and labeled with the child's name, dosage, and directions for administration. Repeat violation: Previously cited on 9/4/2024	Family was able to get prescription labels reprinted + provided. All other documentation was already on file.	9/17/26	

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910 Fremont St Delzell Hall Stevens Point WI 544813105	715-346-4370	9/2/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Heather Struck

Date Issued
9/11/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed