

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**TO FILE A COMPLAINT CALL**  
608-422-6765

**Date Correction Plan Due**  
2/6/2024

**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**

Sacc Washington

9000556279 / 007 - 120739

**Address - Facility (Street, City, State, Zip Code)**  
600 Grove Beaver Dam WI 539161314

**Telephone Number**  
920-887-8811

**Date - Regulation Visit**  
1/17/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.04(2)(L)1.a. <b>Monitoring Results Posted</b></p> <p>Description: The current noncompliance statement and correction plan from the April 26, 2023 visit was not posted.</p>	<p><i>Print and Post on Parent Board</i></p>	<p><i>3/1/24</i></p>	
<p>2 251.06(4)(b) <b>Fire Extinguishers - Staff Use</b></p> <p>Description: All staff members were not instructed in and knowledgeable about the use of the fire extinguisher when s staff reported not knowing where the fire extinguisher was located in the building.</p>	<p><i>Retrain in the Fire extinguisher procedures to Heron Staff</i></p>	<p><i>3/1/24</i></p>	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Sacc Washington		9000556279 / 007 - 120739	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
600 Grove Beaver Dam WI 539161314		920-887-8811	1/17/2024
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date
Verification Date			
3	<p>251.07(6)(dm)4.  <b>Medical Log - Reviewing Injury Records</b></p> <p>Description: The medical log was not reviewed by the director every 6 months to ensure that all preventive measures are being taken when there was no record of the medical log being reviewed.</p> <p>Repeat violation: Previously cited on 4/26/2023</p>	<p>Designate Lead Teacher to Review Book once a month</p>	3/1/24

**NAME - Agency Worker**  
 Kimberly Liebhart

Date Issued  
 1/23/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

Date Signed  
 2/1/24