

<b>Date Correction Plan Due</b> 3/17/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 608-422-6765
--	--	---

**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.

<b>Name - Certified Operator / Licensed Center</b> Sacc Lincoln		<b>Provider Number / Facility ID Number</b> 9000556279 / 004 - 120751		
<b>Address - Facility (Street, City, State, Zip Code)</b> 210 Gould St Beaver Dam WI 539161924		<b>Telephone Number</b> 920-887-8811	<b>Date - Regulation Visit</b> 2/20/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)6m. <b>Child Record - Immunization History</b>  Description: Child A did not have documentation that indicates the child's immunization history.  Repeat violation: Previously cited on 3/6/2024	Will contact parent to get documentation and add to child's file.	3/14/25	
2	251.05(4)(b) <b>Staff Meetings</b>  Description: Staff reported their last staff meeting was October, 2024.	Calendar has been made and monthly staff meetings are scheduled through end of school year.	3/3/25	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Sacc Lincoln		9000556279 / 004 - 120751	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
210 Gould St Beaver Dam WI 539161924		920-887-8811	2/20/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.06(3)(b)2. <b>Emergencies - Practice Written Plans</b>  Description: The center did not practice the fire evacuation plan every month as required when they did not practice the plan in January.	Calendar has been made with expected completion dates for all fire and tornado drills. Will check in to make sure calendar is being followed	3/3/25	
4 251.07(5)(b)5. <b>Eating Surfaces - Cleaned, Sanitized</b>  Description: Eating surfaces were not washed and sanitized before each use when the tables were not washed and sanitized before breakfast.	Discussed at our staff meeting on 2/26/25 all surfaces need to be cleaned before and after snack times.	3/3/25	
5 251.07(6)(dm)4. <b>Medical Log - Reviewing Injury Records</b>  Description: The director did not review records of injuries every 6 months to ensure that all possible preventive measures were taken when the medical log book was reviewed on 1/31/2024 and 2/13/2025.	Will ensure that med log is being reviewed in accordance with licensing standards	3/3/25	
6 251.07(6)(i)1. <b>Washing Child's Hands &amp; Face</b>  Description: Children's hands were not washed with soap and warm water before meals and snacks when children did not wash their hands before eating breakfast.	Discussed at staff meeting 2/26/25 that hands and face need to be properly washed before snack times	3/3/25	

<b>Name - Certified Operator / Licensed Center</b> Sacc Lincoln		<b>Provider Number / Facility ID Number</b> 9000556279 / 004 - 120751	
<b>Address - Facility (Street, City, State, Zip Code)</b> 210 Gould St Beaver Dam WI 539161924		<b>Telephone Number</b> 920-887-8811	<b>Date - Regulation Visit</b> 2/20/2025
<b>Rule/Statute Number</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
<b>Noncompliance Statement</b>			

**NAME - Agency Worker**  
Kimberly Liebhart

**Date Issued**  
3/3/2025

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

*Kimberly Liebhart*

**Date Signed**  
3/13/25