

<b>Date Correction Plan Due</b> 3/12/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 608-422-6765
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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.

<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> 2/24/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1</p> <p><b>251.07(5)(b)5. Eating Surfaces - Cleaned, Sanitized</b></p> <p>Description: Eating surfaces are not being washed and sanitized before and after each use when the provider reported they do not do the two step process.  Repeat violation: Previously cited on 2/20/2025</p>	<p><i>Discussed with staff that tables need to be sprayed and wiped twice to abide by two step process regulation</i></p>	<p><i>2/27/26</i></p>	
<p>2</p> <p><b>251.07(6)(dm)4. Medical Log - Reviewing Injury Records</b></p> <p>Description: The medical logbook was not reviewed every 6 months as required, when it was last reviewed on 04/10/2025.  Repeat violation: Previously cited on 2/20/2025</p>	<p><i>Visited the site and reviewed the log book.</i></p>	<p><i>2/27/26</i></p>	

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**NAME - Agency Worker**  
Kimberly Liebhart

**Date Issued**  
2/26/2026

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

*Kimberly Liebhart*

**Date Signed**

2/27/26