

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

Date Correction Plan Due
2/16/2026

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
920-887-8814

Date - Regulation Visit
1/26/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.05(2)(a)3.a. Staff Record - Physical Examination</p> <p>Description: A physical examination was not completed less than 30 days after a person is hired when Staff B's start date was 11/11/2024 and they do not have a physical examination report indicating that they are free from illness that is detrimental to children.</p>	<p>will have staff get DCF form filled out by physician, not just the physical form on file from their school employer</p>	<p>3/1/26</p>	
<p>2 251.05(3)(cm) Child Abuse & Neglect - Biennial Training</p> <p>Description: Each staff who comes in contact with children did not complete the biennial training on child abuse and neglect when Staff A completed the training on 08/02/2023.</p>	<p>Staff completed the training 1/18/26</p>	<p>1/18/26</p>	

Signed on back →

Name - Certified Operator / Licensed Center Sacc Washington		Provider Number / Facility ID Number 900556279 / 007 - 120739	
Address - Facility (Street, City, State, Zip Code) 600 Grove Beaver Dam WI 539161314		Telephone Number 920-887-8811	Date - Regulation Visit 1/26/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Kimberly Liebhart

Date Issued
2/2/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Kimberly Liebhart

Date Signed

2/2/26