

**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  
Sacc Jefferson

Provider Number / Facility ID Number  
9000556279 / 003 - 120793

Address - Facility (Street, City, State, Zip Code)  
301 Brook St Beaver Dam WI 539162998

Telephone Number  
920-887-8811

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 C's start date was 09/22/2025 and they do not have a physical examination report indicating that they are free from illness that is detrimental to children.</p> <p>Repeat violation: Previously cited on 11/12/2024</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>	

NAME - Agency Worker  
Kimberly Liebhart

Date Issued  
2/2/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Emma Rypka*

2/2/26