

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
920-785-7811

Date Correction Plan Due
12/1/2025

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 Wee Love Learning Center		Provider Number / Facility ID Number 8000578698 / 001 - 1007931	
Address - Facility (Street, City, State, Zip Code) 1011 E Midway Rd Appleton WI 54915		Telephone Number 920-749-9744	Date - Regulation Visit 11/5/2025
Rule/Statute Number 251.05(2)(a)7.	Noncompliance Statement Staff Record - Continuing Education Description: Of 2 Staff Records reviewed 1 failed to have documentation of the full 15 hours of continuing education required each year.	Correction Plan <i>Staff member is working to complete back hours.</i>	Expected Completion Date <i>May 2026</i>
			Verification Date

NAME - Agency Worker
Ruth Sprangers

Date Issued
11/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
2/10/2026