

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
10/31/2025

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)(l) 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.

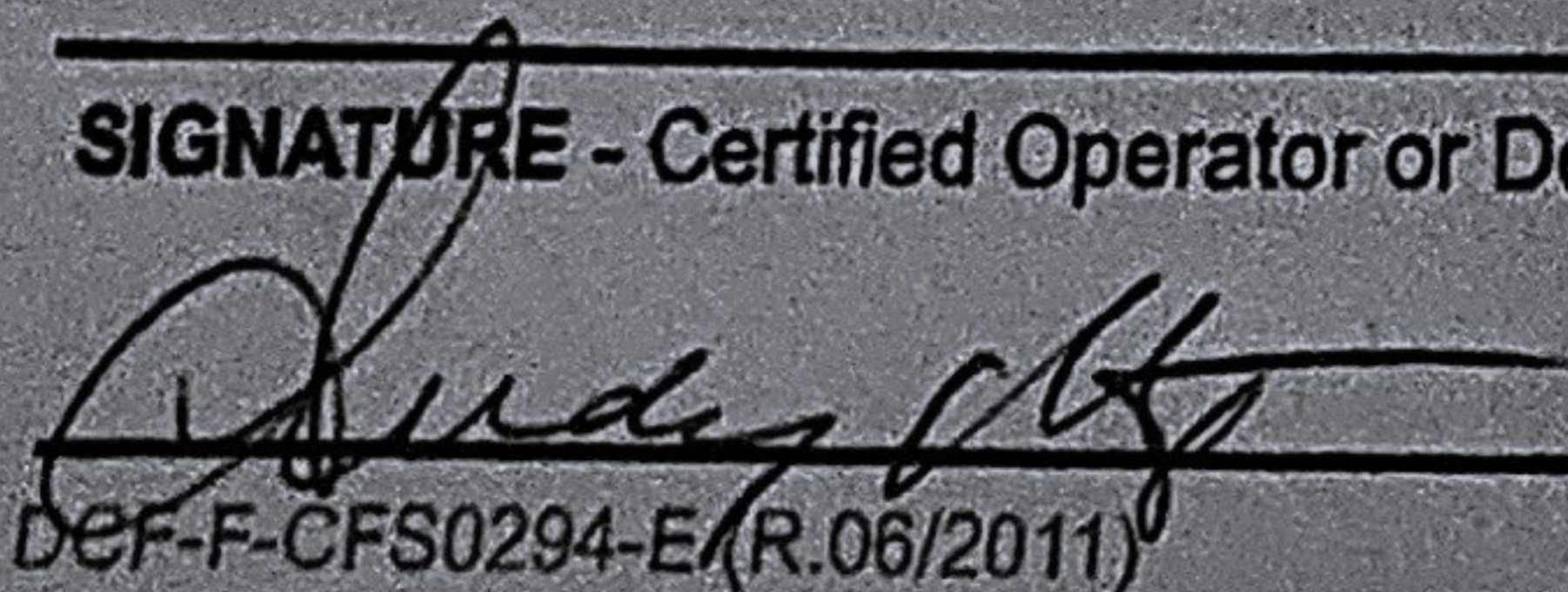
Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Sandy's Family Care		0000590910 / 001 - 2003804	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
504 W Brodhead St Orfordville WI 535769752		608-897-6719	10/13/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.05(4)(c)1. Continuing Education - Requirement & Training Topics Description: Provider did not have documentation of at least 15 hours of continuing education annually.	To make sure I accomplish at least 15 hours of training next year	01-01-2026
			Verification Date

NAME - Agency Worker
Rebecca Brickson

Date Issued
10/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



10.27.2025