Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
4/16/2026		920-785-7811

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
Advocap Inc.-Ripon	2000577932 / 009 - 2006596

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
400 W Oshkosh St Ripon WI 549711067	920-293-1248	4/1/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)2. **Child Record - Emergency Medical Consent** Description: Child #6 did wase missing their emergency treatment authorization in their file - see checklist.	The missing Emergency Medical Treatment Authorization form has been obtained and placed in the child's file. To prevent future occurrences, the Health Services Manager will review enrollment documentation to ensure all required child health forms, including the Emergency Medical Treatment Authorization, are completed and uploaded into the program's data system. Teachers will verify that all required forms are present in the classroom file upon enrollment and will replace or add updated documents within 48 hours of notification from the Health Services Manager. Compliance will be monitored through periodic health file reviews conducted by management to ensure all required documentation remains complete and current.	04/6/2026	
2	251.06(9)(d)2.b. **Food Storage - Distance Above Floor** Description: There were 2 bags of food on the floor - 1 had kix, cheerios and crackers in baggies in it and the other had tortilla chips in it. This was corrected during the visit.		4/1/2026	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**

NAME - Agency Worker
Jill Kellner

Date Issued
4/2/2026

4-16-26

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed