

Date Correction Plan Due 11/18/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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	
Inspire Dreams Learning Ctr Sa Llc		6000586996 / 002 - 2000747	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
421 Court St Chilton WI 530141162		920-464-1113	10/30/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Of 3 Staff Records reviewed 1 failed to have documentation of and exam.	<i>Will make sure new staff have a health for within 30 day of starting. If 30 days has past, staff will not be allowed to work. I will follow up with staff after 15 days.</i>	11/14/25
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Of 3 Staff Records reviewed 1 failed to have documentation of current CPR training.	<i>Staff will have CPR training 30 day from the date of hire. I will check in at 15 days to be sure this is complete by staff.</i>	11/14/25

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3	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Of 3 Staff Records reviewed 1 failed to have documentation of Biennial CAN training. Training completed 10/31/25.	Staff will have Biennial Child Abuse & Neglect training and within 2 weeks of starting employment I will check in after 7 days to be sure it is complete by staff member	11/3/25
			Verification Date

NAME - Agency Worker
Ruth Sprangers

Date Issued
11/4/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Hedim Bill

Date Signed
11/4/25