

Date Correction Plan Due 5/30/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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		
Washburn Early Learning Center		8000588538 / 001 - 2101240		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
411 W 8Th St Washburn Elementary Sch Washburn WI 548919595		715-373-6199	5/28/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A did not have a current CPR certificate on file.	Staff member completed CPR training that day and all staff updated all trainings. Recurring trainings are now integrated into monthly staff meetings.	6/1/25	
2	251.07(6)(i)1. Washing Child's Hands & Face Description: Per observation, some of the children in the preschool room did not wash hands before eating breakfast.	Updated hand washing routine was created and implemented. Young Star coach was invited to complete an observation on the routine and provide feedback.	7/18/25	

NAME - Agency Worker
Bonnie Davis, Brooke Lampe

Date Issued
5/30/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
7/25/25