Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/28/2026		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
Stepping Stones Learning Center	3000593843 / 001 - 2008807

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1368 Cold Spring Rd Neenah WI 549561108	920-729-6153	9/14/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(2)(gm) **Premises - Well Drained, Clean, In Good Repair** Description: Based on observation on 9/14/26, the outdoor play yard had multiple thistle plants accessible to children. The bathroom had four toilet seats deteriorating and not in good repair.	out door area has been sprayed for weeds toilet seats have been replaced	9-18-26 9-18-26	
2	251.07(4)(cm) **Naps Or Rest Periods - Sleeping Surfaces - Children 1 And Older** Description: Based on observation on 9/14/26, two children napping in the threes room failed to be two feet apart. Corrected during visit.	Children will have two feet between at all naps. Rooms have been re-arranged to allow for more space	9-15-26	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number
Stepping Stones Learning Center		3000593843 / 001 - 2008807
Address - Facility (Street, City, State, Zip Code) 1368 Cold Spring Rd Neenah WI 549561108	**Telephone Number** 920-729-6153	**Date - Regulation Visit** 9/14/2026

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

NAME - Agency Worker
Dao Xiong

Date Issued
9/14/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Kaysie Weird

Date Signed
9-17-2026