

<b>Date Correction Plan Due</b> 6/6/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Lourdes Academy		<b>Provider Number / Facility ID Number</b> 2000559672 / 020 - 2006816		
<b>Address - Facility (Street, City, State, Zip Code)</b> 110 N Sawyer St Oshkosh WI 549025657		<b>Telephone Number</b> 920-479-0040	<b>Date - Regulation Visit</b> 5/22/2025	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)1. <b>Child Record - Enrollment Information</b>  Description: One child did not have an emergency contact listed on their enrollment form -they had their mom - see checklist.	<i>Emergency contact was updated</i>	<i>05/30/2025</i>	
2	251.05(2)(a)1. <b>Staff Record - Personal Information</b>  Description: One staff member (B) did not have a start date listed in their file - see checklist.  Two staff members (F and H) did not have a staff record in their files.	<i>Start date was updated</i>	<i>05/30/2025</i>	

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3	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Two staff members (A and D) did not have their physicals in their file after 30 days of employment - see checklist.	Staff members are calling to schedule appointments or get forms	05/30/2025	
4	251.05(2)(a)4.d. <b>Staff Record - Educational Qualifications</b>  Description: One staff member (C) did not have their educational qualifications in their file after 6 months of employment - see checklist.  Repeat violation: Previously cited on 12/2/2024	Transcripts have been gotten	05/30/2025	
5	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: One staff member (A) did not have a completed CPR training certificate in her file after 3 months of employment - see checklist.  Repeat violation: Previously cited on 5/30/2024	Staff is enrolled in CPR	05/30/2025	
6	251.05(4)(a) <b>Staff Orientation - Develop, Implement, Document</b>  Description: Two staff members (B and F) were missing an orientation in their files within the first week of hire - see checklist.	Orientation has been completed	05/30/2025	

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7	251.05(4)(c)9. <b>Continuing Education - Documentation Of 12 Month Period</b>  Description: Two staff members (B and G) did not have 15 hours of continuing education in their files for the 2024 year - see checklist.	Staff are completing continuing ed	05/30/2025

**NAME - Agency Worker**  
Jill Kellner

Date Issued  
5/23/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

Date Signed

06/28/2025