

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 Lancaster Preschool		Received State of Wisconsin	Provider Number / Facility ID Number 3000564783 / 002 - 120240	
Address - Facility (Street, City, State, Zip Code) 216 S Monroe St Lancaster WI 53813		MAY 23 2025 DCF DECE BECR SOUTHERN REGIONAL OFFICE	Telephone Number 608-723-6612	Date - Regulation Visit 4/10/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: Child 1 did not have documentation indicating the child's immunization history.	TO Get the records A.S.A.P	4-16-2025	4-16-2025
2	251.04(6)(a)8.d. Child Record - Health Exam Report Description: Child 1 and Child 2 did not have health exam reports.	TO Get Records ASAP	4-16-2025	4-16-2025
3	251.06(3)(b)2. Emergencies - Practice Written Plans Description: A fire drill was not practiced in the month of February.	We Have a date Set at the end of month to do drills. Staff was sick through out the month. We have switched TO do drills the first of the month.	4-16-2025	4-16-2025

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NAME - Agency Worker
Jenny Capener

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Angela Guffuth

Date Signed

4-22-2025