

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

Date Correction Plan Due
5/4/2026

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

Provider Number / Facility ID Number
3000564783 / 002 - 120240

Address - Facility (Street, City, State, Zip Code)
216 S Monroe St Lancaster WI 53813

Telephone Number
608-723-6612

Date - Regulation Visit
4/8/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(2)(a)1. Staff Record - Personal Information Description: Staff C did not have personal information on file.	To get the form completed + in the staff's file	4-22-26	4/27/26
2 251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff A did not have a physical examination on file.	To have Staff A return the physical exam form + put in folder	4/30/26	4/30/26
3 251.05(2)(a)8. Staff Record - Orientation Description: Staff A and Staff C did not have a completed orientation on file.	To have Staff A+C complete orientation + put in file	Staff A 4-22-26 Staff C 4-27-26	4/27/26

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Address - Facility (Street, City, State, Zip Code) 216 S Monroe St Lancaster WI 53813		Telephone Number 608-723-6612	Date - Regulation Visit 4/8/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
4 251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff B did not have an updated Child Abuse and Neglect training on file.	To complete the online training & put the verification in the staffs file	4-26-27	4/27/26
5 251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The medical log book was not reviewed every 6 months.	Have the Director review the medical log & complete every 6 months	4-26-27	4/27/26

Date Issued
4/20/2026

NAME - Agency Worker
Jenny Capener

Date Signed

SIGNATURE - Certified Operator or Designee / Licensee or Designee

5/3/2026