Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
12/29/2025		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
Oneida Early Education Center	8000560408 / 001 - 420585

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
2965 S Overland Rd Oneida WI 541558959	920-869-1645	11/24/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. **Staff Record - Days & Hours Worked** Description: Documentation of the days and hours worked, and in which classroom, when the person was included in the staff-to-child ratio failed to be maintained by the center/accurate. Staff failed to sign in/out of classrooms when being counted in ratio.	Staff will be reminded that they need to Complete the sign in/out sheet anytime leaving + entering the classroom	11/25/25	11/25/25

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Address - Facility (Street, City, State, Zip Code) 2965 S Overland Rd Oneida WI 541558959		**Telephone Number** 920-869-1645	**Date - Regulation Visit** 11/24/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	251.055(1)(a) **Supervision Of Children** Description: On September 19, 2025, a child care worker failed to supervise a 3.5-year-old child when they left the child inside the classroom after the remainder of the class/children went outside. The child was alone and unsupervised in the classroom for approximately five - ten minutes. The above violation is the result of a self-reported incident by the center as required by licensing. Order issued. Repeat violation: Previously cited on 3/15/2024	Teachers will be reminded to do face to name recognition when leaving the classroom + when coming in from outside.	11/25/25	11/25/25
3	251.055(1)(f) **Child Tracking Procedure** Description: On September 19, 2025, a child care worker failed to implement the center tracking procedure when they did not check the clipboard and count the children after they went outside with the class/group of children resulting in a 3.5-year-old child being left alone inside the classroom for approximately five - ten minutes. The above violation is the result of a self-reported incident by the center as required by licensing. Order issued. Repeat violation: Previously cited on 3/15/2024	Teachers will be reminded to do face to name recognition when leaving and entering the classroom with the children	11/25/25	11/25/25

NAME - Agency Worker
Ruth Sprangers

Date Issued
12/15/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Vicki Van

Date Signed
8/28/26