

Date Correction Plan Due 11/19/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 Messiah Christian Preschool		Provider Number / Facility ID Number 4000577854 / 001 - 220334		
Address - Facility (Street, City, State, Zip Code) 8720 368Th Ave Twin Lakes WI 53181		Telephone Number 262-877-2728	Date - Regulation Visit 10/29/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)2. Child Record - Emergency Medical Consent Description: The emergency medical consent section of the enrollment form for child #2 was not completed.	Parent was informed of missing information. It was corrected on 11/3/25.	11/3/25	11/3/25
2	251.05(2)(a)4.a. Staff Record - Registry Certificate Description: Staff B did not have documentation of a registry certificate on file.	Staff B was informed of lack of Registry completion profile. Profile was completed on 11/2/25. Transcripts from Bachelor Degree & Master Degree in Education was sent to registry on 11/3/25.	11/19/25	12/19/25

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3	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: There was medication on premises that did not have dates of authorization for administration.	Sent new forms to parent via Brightwheel from old PDF version that cut off while printed. Will print out and update file once completed.	11/10/25	11/12/25
4	251.07(7)(c) Pets & Animals - Notification Description: The acknowledgement of presence of pets was not completed on the enrollment form for child #2.	Same as above.	11/10/25	11/12/25

NAME - Agency Worker

Joel Marquez

Case Halutt

Date Issued

11/5/2025

11/19/25

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed