

Date Correction Plan Due 11/27/2024	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 St. John's Lutheran Childcare		Provider Number / Facility ID Number 6000587026 / 001 - 2000301		
Address - Facility (Street, City, State, Zip Code) 232 E Church St Jefferson WI 535491211		Telephone Number 920-674-4964	Date - Regulation Visit 11/12/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(11)(b)5. Outdoor Play Space - Energy-Absorbing Surfaces Description: The energy absorbing surface did not meet the 9 inches of required depth in multiple areas in the playground slides.	All areas below the slides have been raked to a level of nine inches or more. The areas will be checked weekly (chart) for correct depth.	11-27-24	
2	251.06(11)(b)7. Outdoor Play Space - Enclosure Description: The fence near the smaller children's play area had a gap of 4 inches or more.	We will add a rubber flap to the bottom of the gates on the opposite side of the existing flap.	12-6-24	

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3	251.07(6)(f)1.b. Medication Administration - Containers & Labeling Description: Each medication stored at the center was not labeled with the child's name.	All medications have been labeled with the child's name. Our staff supervisor will monitor this item on a twice a month basis; every other week.	11-27-24	
4	251.07(6)(f)6. Current Authorizations For Medications On Premises Description: Multiple medications did not have current medication authorization forms from the parent.	Parents were contacted by the lead teacher to fill out a current medication authorization form. Lead teachers will check these forms before their weekly ^{planning} time.	11-27-24	
5	251.09(3)(a)2. Infant & Toddler - Food & Formula Brought From Home Description: Each infant bottle in the infant refrigerator was not labeled with the child's name and dated.	Lead teachers have contacted parents to remind them to label and date their child's bottles. Lead teacher are checking bottles daily and labeling/dating if needed.	11-27-24	
6	251.09(4)(b) Infant & Toddler - Sinks In Self-Contained Area Description: The infant classroom used the food preparation sink for handwashing. Each area serving infants and toddler who are diapered shall have a designated sink for food preparation and a separate designated sink for handwashing.	The sinks in the infant-toddler rooms are not used for food preparation. We will use a pitcher that is filled w water from a different faucet to heat bottles.	11-27-24	

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IAME - Agency Worker
Michelle Garcia

Date Issued
11/13/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Larry Bierack

Date Signed

11-27-24