

<b>Date Correction Plan Due</b> 1/22/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 920-785-7811
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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.

<b>Name - Certified Operator / Licensed Center</b> Step Ahead Child Care Center		<b>Provider Number / Facility ID Number</b> 9000590749 / 001 - 2005894		
<b>Address - Facility (Street, City, State, Zip Code)</b> 1550 Silverstone Trl De Pere WI 541158226		<b>Telephone Number</b> 920-347-4890	<b>Date - Regulation Visit</b> 12/5/2024	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)8.a. <b>Child Record - Physical Exam - Under 2</b>  Description: Child #1 on the child record checklist failed to have documentation of a current health exam.	<i>Completed</i>	✓	
2	251.04(8)(a) <b>Mandated Reporting - Child Abuse &amp; Neglect</b>  Description: Staff D on the staff record checklist failed to complete the mandated reporter/child abuse and neglect training prior to working with children. ✓	<i>Completed</i>	✓	

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3	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Staff members A, B, C, & D failed to have completed health reports on file.  Repeat violation: Previously cited on 6/30/2023	all completed	✓	
4	251.05(2)(a)8. <b>Staff Record - Orientation</b>  Description: Staff A failed to have a completed orientation on file.  ✓	Completed	✓	
5	251.06(3)(b)2. <b>Emergencies - Practice Written Plans</b>  Description: The center failed to conduct their monthly fire drills during the months of October and November 2024.	assistant director was unaware of location	✓	
6	251.07(2)(e)5. <b>Prohibited Actions - Cruel, Aversive, Frightening, Humiliating Actions</b>  Description: During the licensing visit, a staff member was observed by the licensing specialist raising their voice to a child.	-ordered positive guidance continuing ed class	✓	

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920-347-4890

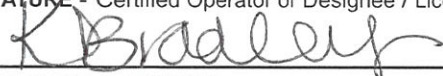
12/5/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker  
Gina Linssen

Date Issued  
1/8/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

1/28/25