

Date Correction Plan Due 7/29/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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.

Name - Certified Operator / Licensed Center Step Ahead Child Care Center		Provider Number / Facility ID Number 9000590749 / 001 - 2005894		
Address - Facility (Street, City, State, Zip Code) 1550 Silverstone Trl De Pere WI 541158226		Telephone Number 920-347-4890	Date - Regulation Visit 6/26/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. Child Record - Health History Description: Child #2 on the child record checklist failed to have a health history form on file at the center.	parent was given a form to fill out	7/16/25	
2	251.05(2)(a)2. Staff Record - Completed Background Check Description: The center failed to have documentation from the department, either paper or electronic, that indicates a child care background check was completed in compliance with the timelines and requirements specified in s. 48.686, Stats., and ch DCF 13 and the person is eligible to work in a child care program. Repeat violation: Previously cited on 8/21/2023	Appointment was scheduled for 7/16/25	7/16/25	

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1550 Silverstone Trl De Pere WI 541158226

920-347-4890

6/26/2025

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

NAME - Agency Worker

Gina Linssen

Date Issued

7/15/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Kailey Bradley

Date Signed

7/16/25