

Date Correction Plan Due	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 Forest Home Daycare	Provider Number / Facility ID Number 4000591774 / 001 - 2006987
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Address - Facility (Street, City, State, Zip Code) 522 Beechwood Dr Cedarburg WI 530129007	Telephone Number 262-323-5274	Date - Regulation Visit 9/22/2025
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2)(f) Staff File - Continuing Education Description: Based on records review, there were no records showing that the provider took the required 15 hours of continuing education.	I will complete and document the required 15 hours of continuing education and maintain records on file.	10/31/25	
2	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Based on records review, the provider did not have a current CPR on file.	I will complete cpr training and place a current certificate in the staff file	10/13/25	

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Forest Home Daycare

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Rule/Statute Number Noncompliance Statement		Correction Plan	Expected Completion Date	Verification Date
3	250.06(6)(b)1.a. Private Well - Annual Bacteria Test Description: The program did not have a current test result for e-coli and coliform bacteria on file.	A water sample will be submitted for bacteria testing and results will be kept on file	10/10/25	
4	250.06(6)(b)2.a. Private Well - Annual Nitrate Test Description: The program did not have a current test result for Nitrate on file.	A water sample will be submitted for nitrate testing and results will be kept on file	10/10/25	
5	250.06(9)(h) Meals & Snacks - Minimum Meal Requirements Description: On September 22, the lunch provided to the children did not have the fruit component.	I will ensure all meals and snacks meet USDA minimum meal requirements and include all required components, including fruit		

NAME - Agency Worker
Gloribel Tegen

Date Issued
9/25/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Tetiana Sachenko

Date Signed

09/30/25