Date Correction Plan Due 11/4/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	**TO FILE A COMPLAINT CALL** 262-446-7800

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		**Provider Number / Facility ID Number**	
Holy Cross Lutheran School		6000570736 / 001 - 1006449	
Address - Facility (Street, City, State, Zip Code) W156n8131 Pilgrim Rd Menomonee Fls WI 530513728		**Telephone Number** 262-502-4104	**Date - Regulation Visit** 10/20/2026

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.04(6)(a)6m. **Child Record - Immunization History** Description: Child #2 and Child #3 do not have immunization records on file and have been enrolled for more than 30 days.	These parents have been notified and the documents requested.	11/30/26	
2	251.05(2)(a)6. **Staff Record - Days & Hours Worked** Description: Staff are not documenting their days and hours worked and in which classroom when used to meet ratio.	A sign in and out form has been created and placed in the classroom.	11/4/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff A does not have current training in Child Abuse and Neglect. The training on file expired 10/4/2026.	This staff has completed this training	11/2/26	
4	251.07(5)(a)5.c. **Menus - Available For Review** Description: There are no snack records available for review.	A calendar has been created and posted.	11/2/26	
5	251.07(5)(a)6m. **Record Of Parent-Provided Snacks** Description: There are no records of the snack provided by the parents.	A snack calendar has been created and posted.	11/2/26	

NAME - Agency Worker
Sara Cooney, Kristin Lange

Date Issued
10/28/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
11/2/26