

Date Correction Plan Due 11/25/2025	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 Step Ahead Pre-School		Provider Number / Facility ID Number 8000578018 / 001 - 1008085		
Address - Facility (Street, City, State, Zip Code) 111 N Broad St Elkhorn WI 531211349		Telephone Number 262-723-3132	Date - Regulation Visit 10/7/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.04(6)(b) Current, Accurate Daily Attendance Record</p> <p>Description: Current, accurate written record of the daily attendance was not maintained and actual time of arrival of each child was not recorded, as required.</p>	<p>Attendance was taken Future early pickups will be noted. All children arrive and leave at same scheduled times.</p>	<p>Done</p>	
2	<p>251.07(6)(dm)4. Medical Log - Reviewing Injury Records</p> <p>Description: Medical log book was last reviewed December of 2024 and not every six months, as required.</p>	<p>Log was reviewed will review again in December post notes of reminder to review</p>	<p>Done</p>	

NAME - Agency Worker
Cierrena Schoville

Date Issued
11/11/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Cierrena Schoville

11-13-2025