DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/11/2026		920-785-7811

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
St Andrew Lutheran E C Campus		9000578349 / 001 - 220859
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
7750 N Hwy 144 West Bend WI 53090	262-335-4200	10/15/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(11)(b)7. **Outdoor Play Space - Enclosure** Description: There is a section of the outdoor fence that is not secured at the base of the fence (the section facing the air conditioning units). Also, there was a large section of the fence by the sandbox that is 3'9" high.	Chain link fence clamps applied. Wooden extender added to top of fence where it was too short.	11/10/26	
2	251.06(6)(b)3.a. **Private Well - Lead Test** Description: The required five-year lead well test has overdue status.	Lead testing from 2024 sent in.	11/3/26	

Name - Certified Operator / Licensed Center			Provider Number / Facility ID Number	
St Andrew Lutheran E C Campus			9000578349 / 001 - 220859	
Address - Facility (Street, City, State, Zip Code)		**Telephone Number**	**Date - Regulation Visit**	
7750 N Hwy 144 West Bend WI 53090		262-335-4200	10/15/2026	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: There was a medication authorization form in the premise that did not have the expiration date for the medication. The provider corrected this during the visit.	Date added 10/15/26	10/15/26	10/15/26

NAME - Agency Worker
Gloribel Tegen

Date Issued
10/28/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Lindsey Moser

Date Signed
11/10/26