

Date Correction Plan Due  
3/4/2026

**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

St Francis Children's Center

7000560387 / 001 - 220452

Address - Facility (Street, City, State, Zip Code)  
6700 N Port Washington Rd Glendale WI 532173919

Telephone Number  
414-351-0450

Date - Regulation Visit  
1/21/2026

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(2)(h) <b>Policies Submitted &amp; Implemented</b>  Description: Staff B did not follow center policy with regards to physical contact that is developmentally appropriate, safe and supportive, initiated with consent and free from action that could be misinterpreted by a child or family when giving a child a bear hug.  This was self reported by the center on 1/14/26.	Staff B was submitted into intensive re-training on consent, safety, and was under direct observation without being in ratio.	1-21-26	
2	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Staff A who has been employed for more than 30 days does not have a physical stating they are physically able to work with children and free from illness.	Staff A will be resent to get another physical	2/27/26	

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6700 N Port Washington Rd Glendale WI 532173919		414-351-0450	1/21/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.05(2)(a)6. <b>Staff Record - Days &amp; Hours Worked</b> Description: Some of the staff hours documented to meet ratio did not list the accurate classroom where the staff was working.	Per licenser's suggestion, staff will be signing in/out of classrooms.	2-26-26	
4 251.06(2)(a) <b>Potential Source Of Harm On Premises</b> Description: There are several loose cords accessible to children.	Our maintenance team was notified & will be covering loose cords using plastic cord covers.	2-16-26	
5 251.07(4)(e) <b>Naps Or Rest Periods - Bedding Maintenance, Storage, Cleanliness</b> Description: Several stacks of cots with individual sheets between the cots were not covered; to store in a clean and sanitary manner.	We purchased long covers to cover the cots.	2-16-26	

NAME - Agency Worker  
Sara Cooney, Kristin Lange

Date Issued  
2/18/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed  
2-19-26