

Date Correction Plan Due 8/28/2025	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 St Mary's Hosp Early Childhood Ctr		Provider Number / Facility ID Number 8000560148 / 001 - 420049		
Address - Facility (Street, City, State, Zip Code) 1725 Dousman St Green Bay WI 54303		Telephone Number 920-498-4399	Date - Regulation Visit 7/8/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Staff failed to sign in/out to their group when being counted in staff to child ratio. Staff were missing times and were all signed into 1 group when 2 were needed.	Have revamped the teacher Sign in/out sheets, Combining them with the communication sheets making it easier to update throughout the day. Spill rooms use 2 sheets each day. Sheets are now kept.	7/21/2025	
2	251.05(3)(gr)3.a. Meal Prep Personnel - Training Description: There was no documentation of annual food safety training for meal personnel.	Two colleagues have completed the training and will complete each year.	7/17/2025	

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1725 Dousman St Green Bay WI 54303		920-498-4399	7/8/2025
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3 251.055(1)(f) Child Tracking Procedure Description: Child tracking sheets failed to be accurate. Children were signed into one group/room when 2 groups/rooms were operating.	Have revamped teacher sign in/out sheets. Combining them with communication sheets making it easier to update throughout the day. Split rooms use 2 sheets each day. Sheets are now kept.	7/21/2025	
4 251.07(5)(b)5. Eating Surfaces - Cleaned, Sanitized Description: Eating surfaces failed to be cleaned and sanitized in-between child eating snack. Children sat and ate one after the other without the table being between children.	Teachers were reminded to clean table in between children eating in a spot.	7/8/2025	
5 251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Current/completed parent authorizations failed to be on file for medications.	Teachers will check medications that need to be kept on hand. Making sure medication forms are updated and medication is not expired.	7/21/2025	
6 251.07(6)(f)5. Medication Administration - As Labeled & Authorized Description: Medication no longer being administered and expired medications failed to be sent home.	Old medication was returned to families or discarded	7/21/2025	

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NAME - Agency Worker
Ruth Sprangers, Amie Bodart

Date Issued
8/14/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Christina Smith

Date Signed
8.19.25