Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/2/2026		715-930-1148

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
Trinity Wrap-Care Preschool	8000568328 / 001 - 520182

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1205 6Th St Hudson WI 54016	715-386-9349	10/15/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.055(2)(b) **Staff-To-Child Ratios - Minimum** Description: The required staff-to-child ratio for children ages three to four years is one staff member for every 10 children. The required ratio was not maintained when one staff member left the room to retrieve the children's lunch, leaving 14 children in the care of one staff member.	To maintain ratio during lunch time we will have our lunch brought down to our clasroom.	10/22/26	
2	251.07(6)(f)5. **Medication Administration - As Labeled & Authorized** Description: One child had an expired epi pen in the school backpack, and did not have a medication authorization from the parent on file for medicine that is on the premises.	Going forward Physcian action plans will not be accepted without a medication authorization.	10/22/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
	Type text here			

NAME - Agency Worker
Wendy Badzinski

Date Issued
10/19/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Lindsay Polk

Date Signed
10/19/26