Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
12/16/2025		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
Grace Lutheran Preschool	9000577949 / 001 - 420264

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
720 Jackson Ave Omro WI 549631718	920-685-2621	11/13/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. **Child Record - Immunization History** Description: Based on record review on 11/13/25 according to the Child Record Checklist Child 6 failed to have immunizations on file within 30 days of enrollment.	Parent was notified and have since returned with immunization record on 12-11.	12-11-25	
2	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Based on record review on 11/13/25 according to the Staff Record Checklist Staff Member A and C failed to have a health report on file.	Staff member A has submitted a health report. Staff member C has been notified & will submit one.	1-16-26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(2)(a)8. **Staff Record - Orientation** Description: Based on record review on 11/13/25 according to the Staff Record Checklist Staff Member A, B and C failed to have orientation on file.	All staff gathered on 12-8-25 and went through orientation.	12-8-25	
4	251.05(3)(d)3.a. **Administrator - Entry-Level Training / Experience - Business** Description: Based on record review on 11/13/25 according to the Staff Record Checklist Staff Member B failed to have documentation of one year experience as a manager or satisfactory completion of noncredit department-approved course or 2 credits in business or program administration on file. Repeat violation: Previously cited on 8/27/2025	Staff member B has been notified and is going to submit the appropriate paperwork.	1-16-26	

NAME - Agency Worker
Cassandra Debauche

Date Issued
12/1/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Autumn Yost

Date Signed
12-10-25