INSTRUCTIONS FOR COMPLETING THE CORRECTION PLAN SECTION OF THE NONCOMPLIANCE STATEMENT AND CORRECTION PLAN (DCF-F-CFS294)

I have attached the Noncompliance Statement and Correction Plan (DCF-F-CFS294) dated September 15, 2026 . Please complete this form as follows:

1. In the column titled "Correction Plan," indicate how you intend to correct each noncompliance listed on the form and outline the steps you will take to prevent future violation of the same rule. If you need more space than is provided on the form, attach additional pages and identify the item number to which the correction plan is related. Because completed and approved correction plans will be scanned and linked to the Regulated Child Care and YoungStar Public Search internet site, which shows each provider's violations, please note the following when writing your correction plan:
   - Do not include confidential information, including the names of children and staff.
   - Write in concise, plain English.
   - Be specific when describing what you have done or intend to do to correct each violation. Non-specific statements such as "It will be fixed", "Done", "Will do", "Don't agree" or "This won't happen again" do not provide the reader with any understanding of how the violation has been corrected or how you plan to prevent the violation from occurring again.
   - Be objective, factual and descriptive. The plan should not include derogatory comments, profanity or subjective observations, such as "The licensing specialist doesn't like me."

2. For each noncompliance, enter the date (month, day, year) by which you expect the correction plan to be completed.

3. Sign and date the form. Retain a copy for your records.

4. **Return the completed and signed form to the department by the due date that appears at the top left of the form via:**
   - **Email:** dao.xiong1@wisconsin.gov **or**
   - **Fax:** (920) 785-7869 **or**
   - **Mail:** DEPARTMENT OF CHILDREN AND FAMILIES
     BUREAU OF EARLY CARE REGULATION
     NORTHEASTERN REGION
     200 NORTH JEFFERSON
     SUITE 411
     GREEN BAY, WI 54301

If the correction plan and the completion dates are acceptable, the form will be linked to the Regulated Child Care and YoungStar Public Search internet site. If the correction plan or the expected completion dates are not acceptable, you will be contacted in writing or by telephone.

You are required to post a copy of the Noncompliance Statement and Correction Plan (DCF-F-CFS294) in a conspicuous area near the license so that it is visible to parents. This copy must remain posted until all noncompliances have been verified as corrected and the next DCF-F-CFS294 or DCF-F-CFS785 (Compliance Statement) has been issued. Note: If applicable, do not post the Staff and Child Identification Key. The information on the key is confidential and is meant for your reference only.

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/29/2026		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
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	9/14/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. **Child Record - Health History** Description: Based on record review on 9/14/26, child 1 and 5 failed to have health history documents.	Extra Forms have been Sent home & families have been notified to fill out and return the forms.	10/1/2026	
2	251.05(3)(d)3.a. **Administrator - Entry-Level Training / Experience - Business** Description: Based on record review on 9/14/26, staff 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 2/3/2026, 11/13/2025, 8/27/2025	Staff member B has been notified and will return the materials to Satisfy the Administrator requirement.	10/1/2026	

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Grace Lutheran Preschool		9000577949 / 001 - 420264	
Address - Facility (Street, City, State, Zip Code) 720 Jackson Ave Omro WI 549631718		**Telephone Number** 920-685-2621	**Date - Regulation Visit** 9/14/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(d)5. **Administrator - Supervision / Personnel Management Training** Description: Based on record review on 9/14/26, staff B failed to complete at least 10 hours of training in supervision or personnel management within one year of assuming the position and started employment on 9/2/25. Repeat violation: Previously cited on 8/27/2025	Staff member B has been notified and will return the materials to satisfy the Supervision/ Training requirement.	10/1/2026	
4	251.07(5)(a)5.b. **Menus - Plan** Description: Based on record review on 9/14/26, the menu failed to be completed a week in advance.	A Menu has been made and is planned out for a month in advance.	9/21/2026	
5	251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: Based on record review on 9/14/26, the medical log book failed to be reviewed every six months.	The Medical log has been reviewed on 9/14/2026	9/14/2026	

NAME - Agency Worker
Dao Xiong

Date Issued
9/15/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
9/21/2026

Please take a few minutes to complete the Department of Children and Families (DCF) customer satisfaction survey so that you can tell us about your experience. The responses we receive to the survey will be compiled and reviewed by DCF staff to help us improve our services to child care providers. The survey takes approximately 5 minutes to complete. It is voluntary and anonymous, and there is no penalty for not responding. DCF staff will not be able to tell whether or not you responded to the survey or know what responses you submitted. Please follow this link to provide your feedback: https://www.surveymonkey.com/r/LicenseFeedback. Or, if you don't have internet access, contact your licensing office and request a paper version of the survey and a prepaid reply envelope.

Contact me if you have any questions.