Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/24/2026		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 Marcus Child Care	4000586864 / 002 - 2002054

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
243 E Center St Milwaukee WI 532122860	414-539-4843	9/8/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.055(1)(f) **Child Tracking Procedure** Description: Child tracking left in classroom when children left to attend special programming	Lead & Support teacher will check in with each other when leaving the classroom to ensure the classroom clipboard goes with the class at all times.	9/9/2026	
2	251.06(11)(b)7. **Outdoor Play Space - Enclosure** Description: Fence damaged and not a proper, permanent barrier as required by rule	Facilities has contracted the fence to be repaired. Replacement parts have been ordered with a completion date provided.	10/1/2026	

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3	251.06(2)(a) **Potential Source Of Harm On Premises** Description: Exposed, rusty nails and broken, sharp metal fencing surfaces accessible to children in outdoor play space	Facilities has contracted the fence to be repaired. Board with nails removed. Replacement parts have been ordered with a completion date provided.	10/1/2026	
4	251.06(2)(d) **Access To Materials Potentially Harmful To Children** Description: Disinfectant wipes were stored on accessible desk within reach of children when using the classroom	Disinfectant wipes will be stored out of reach of students at all times. Cabinet locks provided to classrooms for storage of hazardous materials.	9/9/2026	
5	251.06(2)(i) **Deteriorating Paint** Description: Flaking paint observed on light blue wall in classroom, near the painted tree which was accessible to children in care	Wall in this classroom is scheduled to be repainted and covered by Facilities.	10/1/2026	
6	251.06(9)(d)2.a. **Food Storage - Dry Food** Description: Cheese flavored crackers stored open in original packaging, not zip style bags or food safe containers as required by rule	Ziplock bags provided to teachers and food safe storage containers for open snacks ordered.	9/9/2026	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: No parent authorization for medication stored at facility for child #2	Medication authorization sent by Director and teachers for parent completion.	9/13/2026	

NAME - Agency Worker
Paul Spink

Date Issued
9/10/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Rachel Gruendl

Date Signed
9/11/2026