

<b>Date Correction Plan Due</b> 2/25/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>	
North Shore Preschool And Child Care Iii		9000587749 / 003 - 2007534	
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>
11011 N Oriole Ln Mequon WI 530924915		262-617-5260	2/6/2025
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Staff member A did not have a physical examination on file after 30 days of employment.	<i>Teachers physical is in and filed</i>	<i>02-17-25</i>
2	251.05(4)(c)1. <b>Continuing Education Requirement - Full Time Staff</b>  Description: Staff member E did not have the continuing education hours on file.	<i>Continued Ed documented</i>	<i>02-25-25</i>

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(2)(gm) <b>Premises - Well Drained, Clean, In Good Repair</b>  Description: One of the shades in room # 103 was torn.	shade to be replaced	03-24-25	
4	251.06(2)(i) <b>Deteriorating Paint</b>  Description: There was chipped paint on a window sill in room # 103.	paint repaired	03-24-25	
5	251.09(2)(j) <b>Infant &amp; Toddler - Equipment For Going On Walks</b>  Description: There were no strollers or wagons provided for the children under two years of age to go for walks.	stroller purchased and on site	03-24-25	
6	251.09(3)(a)2. <b>Infant &amp; Toddler - Food &amp; Formula Brought From Home</b>  Description: In the Infants' Room, there were two baby bottles that were not labeled with the children's names and dates.	Label bottles w/ a more sturdy source than masking tape	02-18-25	

NAME - Agency Worker  
Gloribel Tegen

Date Issued  
2/11/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Mary Child*

Date Signed  
02-19-25