

Date Correction Plan Due 1/12/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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.

Name - Certified Operator / Licensed Center The Goddard School	Provider Number / Facility ID Number 3000588353 / 001 - 2002058
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Address - Facility (Street, City, State, Zip Code) 7420 91St Ave Kenosha WI 531428425	Telephone Number 262-694-0816	Date - Regulation Visit 12/15/2025
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. Child Record - Enrollment Information Description: Incomplete parent contact information in child file reviewed	Parent was given a new Enrollment form to complete by 1/5/26. If not completed and returned, child will not be able to return until we have it on file. Child enrollment forms will be reviewed prior to child's first day.	1/5/2026	
2	251.04(6)(a)6m. Child Record - Immunization History Description: No immunization records in file reviewed	Parent was requested to provide an updated immunization record by 1/5/2026. If not completed, child will not be able to return until we have it on file.	1/5/2026	
3	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: No physical health exam included in child file reviewed	Parent was requested in person and by email to provide Health report by 1/5/2026. If not completed, child will not be able to return until we receive it.	1/5/2026	

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4	251.06(2)(o) Windows & Doors Used For Ventilation Description: Window open in room six with poorly fitted screen that did not properly seal the room from intrusion	Our maintenance person will fix the screen to fit properly. All other screens will be checked on a monthly basis.	1/5/2026	
5	251.06(9)(a)5. Kitchen - Single-Service Utensils Description: Single service utensils stored without required covers	Utensils will be stored in a covered box. A new box will be purchased to correct the standard.	12/17/2025	
6	251.06(9)(d)2.a. Food Storage - Dry Food Description: Flour stored in open original packing not food safe containers of zip style bag as required	Open dry food will be stored in Ziploc bags. Ziploc bags have been purchased for food storage.	12/17/2025	
7	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Intervals and length of authorization not included on medication authorization form reviewed Repeat violation: Previously cited on 3/27/2024	Parent Authorization Log for medication will be filled out correctly at the time medication is dropped off. Medication Authorization Log will be reviewed on a monthly basis.	12/17/2025	

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Expected
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Verification
Date

NAME - Agency Worker

Paul Spink

Date Issued

12/23/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Megan Fanoni

Date Signed

1/6/2026