

Date Correction Plan Due 5/28/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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 Christ St Peter Early Childhood Program		Provider Number / Facility ID Number 1000590311 / 001 - 2005356		
Address - Facility (Street, City, State, Zip Code) 1204 S 8Th St Milwaukee WI 532042334		Telephone Number 414-383-2055	Date - Regulation Visit 5/7/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. Child Record - Enrollment Information Description: Child 3 had an incomplete enrollment form at the time of the monitoring visit. Parent and authorized persons information was incomplete and emergency contact information was missing at the time of the monitoring visit.	Parent 3 will complete form by adding the necessary information or writing N/A. In the future, we will ensure no blanks are left empty on the enrollment form.	05-11-26	
2	251.07(6)(dm)1. Medical Log Book Description: The medical log book pages were not numbered at the time of the monitoring visit.	The teacher numbered all the pages in the medical log. In the future, the director will ensure it is done at the beginning of the year.	05-07-26	

Name - Certified Operator / Licensed Center Christ St Peter Early Childhood Program		Provider Number / Facility ID Number 1000590311 / 001 - 2005356	
Address - Facility (Street, City, State, Zip Code) 1204 S 8Th St Milwaukee WI 532042334		Telephone Number 414-383-2055	Date - Regulation Visit 5/7/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The medical log book had not been reviewed within the past six months as required.	The director reviewed the medical logs. The director will review the medical log again every six months.	05-07-26

NAME - Agency Worker
Mindi Sabljak

Date Issued
5/12/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed