Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
5/21/2025		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
Range Line Preschool And Child Care	4000581304 / 001 - 1010749

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
11040 N Range Line Rd B Ste B Mequon WI 530924930	262-242-4453	4/22/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: The center did not have a CPR certificate on file for staff member C after 3 months is employment.	Staff member was spoken to and was asked to find certificate He was give 30 days.	5-22-2025	
2	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: In the yellow room, there was a medication authorization form for Diazepam that did not have the end date. There was also a Diazepam medication authorization form that did not have the expiration date.	The staff asked parent to correct the form and all staff review(ed) the proper way to fill out this form at our May 28th meeting.	4-22-2025 (5-28-25)	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.09(1)(m) **Infant & Toddler - Audio Monitoring** Description: The monitoring device located in the Red Room was not working properly.	wifi issue has been corrected, (teachers did have curtians open to see into nap room)	4-29-25	

NAME - Agency Worker
Gloribel Tegen

Date Issued
5/7/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
5-14-2025