Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/9/2026		608-422-6765

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 Paul Early Learning Center		7000592457 / 001 - 2007611	
Address - Facility (Street, City, State, Zip Code) 1530 S Main St Lake Mills WI 535519576	**Telephone Number** 920-648-2918	**Date - Regulation Visit** 9/15/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff A and B did not have a completed physical examination on file as required. Repeat violation: Previously cited on 1/26/2026	will Audit Staff files and get required paperwork	10/1/26	
2	251.05(2)(a)8. **Staff Record - Orientation** Description: Staff A and B did not have documentation of orientation program completed within their first week at the center as required.	will Audit Staff files and get required paperwork completed	10/15/26	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.05(3)(b) **Abusive Head Trauma Prevention Training** Description: Staff A and B did not have documentation of completed Abusive Head Trauma training on file prior to working in a classroom as required. Repeat violation: Previously cited on 1/26/2026	will Audit files and make sure everyone has on file	10/8/26	
4	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: Staff A and B did not have documentation on file of current infant/child CPR training as required. Repeat violation: Previously cited on 1/26/2026	will Audit files and make sure current Document is on file	10/8/26	
5	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff B did not have documentation of completed Child Abuse and Neglect Prevention training on file as required. Repeat violation: Previously cited on 1/26/2026, 6/30/2025	will Audit files and make sure current document is on file	10/8/26	

NAME - Agency Worker
Jenny Capener, Jenny Sweeney

Date Issued
9/25/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed