

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
9/3/2025

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
4000587984 / 001 - 20013224

One Step Ahead Children Ctr Llc

Address - Facility (Street, City, State, Zip Code)
1630 Douglas Ave Racine WI 534042722

Telephone Number
262-637-4000

Date - Regulation Visit
8/20/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(3)(gr)3.a. Meal Prep Personnel - Training Description: Documentation of required training was not observed for a food service worker.	<i>Staff is registered for the CACFP training on September 25th</i>	8.21.25	
2 251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: A thermometer in the freezer in Burgundy Room was not in working order Repeat violation: Previously cited on 12/17/2024	<i>Replace Thermometer</i>	8.21.25	

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<p>3</p> <p>251.07(6)(dm)2. Medical Log - Pages & Entries</p> <p>Description: An entry in the medical log in the Blue Room was not complete and did not include staff initials/ signature. Repeat violation: Previously cited on 12/17/2024</p>	Reminded all staff to complete all entry in the medical log books.	8.21.25	
<p>4</p> <p>251.07(6)(f)6. Current Authorizations For Medications On Premises</p> <p>Description: Documentation of a medication authorization was not observed for a medication for a child on the premises.</p>	Classrooms will not be allowed to have any medication without a medication authorization	8.21.25	
<p>5</p> <p>251.09(4)(b) Infant & Toddler - Sinks In Self-Contained Area</p> <p>Description: The handwashing sinks in the Burgundy and Black rooms were observed with dishes/ toys in them.</p>	Reminded all staff The handwashing sinks are for handwashing only.	8.21.25	

NAME - Agency Worker
Colleen Hanser

Date Issued
8/20/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

8.21.25