

<b>Date Correction Plan Due</b> 2/13/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>
<b>TO FILE A COMPLAINT CALL</b> 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.

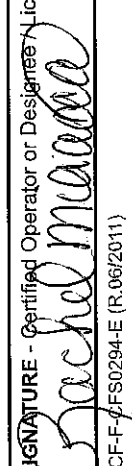
**Instructions:** The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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, you will be given a notice of the sanction and / or penalty and your appeal rights.

<b>Name - Certified Operator / Licensed Center</b> Grace Lutheran Ecc And Preschool		<b>Provider Number / Facility ID Number</b> 0000563690 / 001 - 220588	
<b>Address - Facility (Street, City, State, Zip Code)</b> 3381 E Puetz Rd Oak Creek WI 53154		<b>Telephone Number</b> 414-762-8755	
<b>Rule/Statute Number</b>		<b>Correction Plan</b>	
1 251.04(6)(a)6. <b>Child Record - Health History</b>  Description: Health history information on file for Child 2, who has identified as having a food allergy, is incomplete. The health history questions that correspond to the food allergy (questions #2-#8) were blank.	mem will be more specific and add additional comments to Health History  A Request was submitted to doctor office and they state they have 7 to 10 days to send over copy of record		
2 251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Staff B does not have documentation of a completed physical examination within 30 days after Staff B was hired; Staff B started working in September 2021.	2/16/24  2/16/24		
		<b>Expected Completion Date</b>	<b>Verification Date</b>

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Grace Lutheran Ecc And Preschool		0000563690 / 001 - 220588		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
3381 E Puetz Rd Oak Creek WI 53154		414-762-8755	1/24/2024	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	
Verification Date				
3	251.06(2)(b) <b>Electrical Or Hot Surface Protection</b> Description: An electrical outlet in the Hippos room was missing a child proof outlet cover guard. **This was corrected during the visit**	Plug was added at time of visit	1/30/24	
4	251.09(1)(c) <b>Infant &amp; Toddler - Documenting Changes In Development</b> Description: Under 2 intake forms for Child 6 and 7 was not reviewed and updated in the last 3 months. The last date documented was October 2023. Repeat violation: Previously cited on 5/26/2022	Both Intakes are signed and dated and returned to Intake binder	2/16/24	

**NAME - Agency Worker**  
 Kristin Keck, Daniel Noel

**DATE ISSUED**  
 1/30/2024

**SIGNATURE - Certified Operator or Designer / Licensee or Designee**  


**DATE SIGNED**  
 2/13/2024

DCF-FS0294-E (R.06/2011)