DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

| Date Correction Plan Due<br>7/17/2026 | **NONCOMPLIANCE STATEMENT AND CORRECTION PLAN** | TO FILE A COMPLAINT CALL<br>715-361-7700 |
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**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** |
|---|---|
| Bethlehem Community Preschool And Childcare | 1000577751 / 002 - 1012077 |

| **Address - Facility (Street, City, State, Zip Code)** | **Telephone Number** | **Date - Regulation Visit** |
|---|---|---|
| 1750 County Road Xx Rothschild WI 544749097 | 715-359-3366 | 6/30/2026 |

| | **Rule/Statute Number<br>Noncompliance Statement** | **Correction Plan** | **Expected Completion Date** | **Verification Date** |
|---|---|---|---|---|
| 1 | 251.06(4)(d)<br>**Exits & Passageways - Unobstructed, Minimum Width**<br><br>Description: Per observation in Northwoods room, part of the exit was blocked with toys and a child's cot was too close to the exit door. | Toys & Cot moved away from exit area. Staff reminder that exit doors cannot be blocked | 7/1/26 | |
| 2 | 251.07(6)(f)1.b.<br>**Medication Administration - Containers & Labeling**<br><br>Description: There was an epi-pen at the center not in the original box. The epi-pen did not have the child's name it. | Unlabeled Epi-pen was sent home. Parent brought new Epi-pen in original box with Name & Dose instructions on the box. Reminded staff we need original box for prescribed Medications | 7/2/26 | |

**NAME** - Agency Worker
Bonnie Davis

Date Issued
7/3/2026

**SIGNATURE** - Certified Operator or Designee / Licensee or Designee
Michele Zehnen

Date Signed
7/10/26