

Date Correction Plan Due
4/4/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
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 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

Grace Lutheran Child Dev Ctr

Provider Number / Facility ID Number
5000559735 / 001 - 1002220

Address - Facility (Street, City, State, Zip Code)
248 E Main St Twin Lakes WI 53181

Telephone Number
262-877-3221

Date - Regulation Visit
3/20/2025

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, D, F and G did not have on file documentation of physical examination requirements within 30 days of employment at the center.	<i>we staff will have documentation of physical exam requirements within 30 days of employment</i>	3-28-25	
2 251.06(9)(d)2.a. Food Storage - Dry Food Description: A box of goldfish crackers was opened and not stored in a metal, glass or food grade plastic container with tight fitting cover or a zip type bag.	<i>we moved food items we do store in food grade plastic containers or zip-type bags</i>	<i>Complete 2 visits 3-20-25</i>	

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Correction Plan

Expected
Completion Date

Verification
Date

NAME - Agency Worker

Jennifer Brees

Date Issued
3/20/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

3-21-25