

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
11/6/2025

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, 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 Peters Rainbow Preschool		6000561016 / 001 - 225208	
Address - Facility (Street, City, State, Zip Code) 145 S 6Th St Waterford WI 531854441		Telephone Number 262-534-6066	Date - Regulation Visit 10/14/2025
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 does not have documentation of a physical examination report within 30 days after Staff A was hired.	<i>STAFF A</i> Further review of file by director showed Physical Exam form dated 9/10/25 in file.	10/31/25	
2 251.05(3)(b) Abusive Head Trauma Prevention Training Description: Staff A does not have documentation of completion of department-approved training in abusive head trauma, and appropriate ways to manage crying, fussing, or distraught children prior to beginning to work with children under 5 years of age.	Staff A completed AHT Prevention training on 10/21/25	10/31/25	

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3	<p>251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff A does not have documentation of biennial training on child abuse and neglect reporting requirements within one week after Staff A began working at the center.</p>	<p>Staff A completed CAN (Mandated Reporter) training on 10/21/25</p>	<p>10/31/25</p>	
4	<p>251.05(4)(a) Staff Orientation - Develop, Implement, Document Description: Staff A does not have documentation of a written orientation program (staff orientation checklist) within Staff A's first week at the center.</p>	<p>Staff training Orientation Checklist form (and) necessary policy / procedure reviews will be completed</p>	<p>10/31/25</p>	
5	<p>251.06(2)(gm) Premises - Well Drained, Clean, In Good Repair Description: There is a fan caked with dust in the 2-3k classroom.</p>	<p>Fan was immediately removed and thoroughly cleaned before return to the classroom.</p>	<p>10/31/25</p>	
6	<p>251.07(6)(dm)2. Medical Log - Pages & Entries Description: The medical log book for the 4 year old classroom is only numbered page 1. The remaining pages are not numbered.</p>	<p>Pages will be all numbered for further usage.</p>	<p>10/31/25</p>	

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7	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Authorizations for an EpiPen (auvi medication) and cetirizine medication for a child do not have a start or end date listed on the authorization.	Staff will get school year specific start and end dates for Medication authorization.	10/31/25
			Verification Date

NAME - Agency Worker
Daniel Noel

Date Issued
10/22/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Melvin L. Bowers
 Date Signed
11/5/2025