

<b>Date Correction Plan Due</b> 12/20/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 920-785-7811
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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.

<b>Name - Certified Operator / Licensed Center</b> St John's Preschool And Childcare		<b>Provider Number / Facility ID Number</b> 9000575209 / 001 - 220458			
<b>Address - Facility (Street, City, State, Zip Code)</b> 824 Fredonia Ave Fredonia WI 530219412		<b>Telephone Number</b> 262-692-2734	<b>Date - Regulation Visit</b> 11/14/2024		
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<table border="1"> <tr> <td data-bbox="1530 725 1780 794"> <b>Expected Completion Date</b> </td> <td data-bbox="1780 725 2011 794"> <b>Verification Date</b> </td> </tr> </table>	<b>Expected Completion Date</b>	<b>Verification Date</b>
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1	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Based upon record review, two staff members did not have documentation of a report of a physical examination within 30 days of hire within their file.	- Staff members was found / Sent 11/14/2024.  - Staff Physical Examination was completed 12/19/2024.	<table border="1"> <tr> <td data-bbox="1530 794 1780 1100">12/20/2024</td> <td data-bbox="1780 794 2011 1100"></td> </tr> </table>	12/20/2024	
12/20/2024					
2	251.055(2)(b) <b>Staff-To-Child Ratios - Minimum</b>  Description: Based upon observation, the staff to child ratio was exceeded when the infant room had five children in care during the visit.	- Spoke to the teachers in the room  - Reviewed with all staff licensing rules on child ratios and group size. Reiterated the necessity of following the rules and keeping with what is scheduled for each classroom.	<table border="1"> <tr> <td data-bbox="1530 1100 1780 1409">11/14/2024</td> <td data-bbox="1780 1100 2011 1409"></td> </tr> </table>	11/14/2024	
11/14/2024					

P.001

FAX No.

DEC/20/2024/FRI 10:10 AM

P. 002  
FAX No.  
DEC/20/2024/FRI 10:10 AM

<b>Name - Certified Operator / Licensed Center</b> St John's Preschool And Childcare		<b>Provider Number / Facility ID Number</b> 9000575209 / 001 - 220458	
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<b>Noncompliance Statement</b>			

**NAME - Agency Worker**  
Amanda Holz

**Date Issued**  
12/6/2024

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

*Rebecca Smith*

**Date Signed**  
12/20/2024