Date Correction Plan Due 8/14/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 920-785-7811

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**	
St John's Preschool And Childcare		9000575209 / 001 - 220458	
Address - Facility (Street, City, State, Zip Code) 824 Fredonia Ave Fredonia WI 530219412	**Telephone Number** 262-692-2734	**Date - Regulation Visit** 7/29/2026	

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.05(4)(c)1. **Continuing Education Requirement - Full Time Staff** Description: Based upon record review Staff C did not have documentation of completion of 15 hours of continuing education within the 2025 year.	Submitted paperwork	7/30/2026	
2	251.055(1)(a) **Supervision Of Children** Description: Based upon observation, children enrolled in the school age summer program were observed across the hall in the 3k classroom washing their hands, out of sight supervision from their assigned child care teacher.	-Spoke to that teacher -Reviewed staff licensing rules on sight supervision	7/30/2026	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(2)(i) **Deteriorating Paint** Description: Based upon observation, the paint was deteriorated in areas accessible to the children in the 3k and 4k classroom. Repeat violation: Previously cited on 6/13/2025	Contracted maintenance to inform of areas that must be fixed. verification on 1/9/2026	8/31/2026	
4	251.09(1)(j) **Infant & Toddler - Crib Mattresses & Coverings** Description: Based upon observation, the pack n play in the infant room was not taut.	Sheet was replaced with new one. Also ordered spare sheets	7/29/2026 7/30/2026	

NAME - Agency Worker
Amanda Holz

Date Issued
7/31/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Rebecca Smith

Date Signed
08/03/2026

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

dcf.wisconsin.gov

STAFF CONTINUING EDUCATION RECORD – REGULATED CHILD CARE CENTERS

Use of form: This form is voluntary; however, completion of this form will facilitate the licensing / certification inspection process and help ensure compliance with DCF 202.08(1)(b)5 250.05(2)(f) and 250.05(4)(c), and DCF 251.05(2)(a)7. and 251.05(4)(c) of the Wisconsin Administrative Codes. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The form shall be completed by the staff person and placed in the employee file for examination by the licensing specialist / certification worker. Enter the data in chronological order, and use a new form for each continuing education year. Attach all supporting documentation and include documentation of any banked credit hours.

Name – Staff Person	Position	Training Year (mm/dd/yyyy)	Employment Date	Hours Worked Per Week –
Smith, Rebecca	Ass. Director	01/01/2025 to 12/31/2025	12/21/2015	

TRAINING DATE	TRAINING SUBJECT	SPONSOR	TRAINER INITIALS	NUMBER OF HOURS	SUBTOTAL
1/14/25	ECE Directors Overwhelm Loop	Early Childhood Investigations		1.5	1.5
1/15/25	Getting the Most Bang from Your Board	" "		1.5	3
	Carry over hrs 2025			6	9
	- Carry over Completion 8/20/2023 45.00 hrs				
	- Carry over completion 12/20/2023 45.00 hrs				

TOTAL HOURS 9 MAX 3

DCF-F-CFS0053A (R. 10/2019)

Training Summary

Sort by ↓ Date (Newest First)

Showing 1-4 out of 4

Additional Continuing Education Hours

Effective From **01/01/2025** / Effective To **01/27/2025** / Hours **6.00**

(Licensing Only) Mandated Reporter Online Training

Completed Date **09/03/2024** / Hours **1.50**

Course Level **Registered**

Verified

Admin/Supervision in ECED

Completed Date **12/20/2023** / Hours **45.00**

Course Level **Tier 4 - For Credit**

Verified

ECED & External Environment

Completed Date **08/20/2023** / Hours **45.00**

Course Level **Tier 4 - For Credit**

Verified

Showing 1-4 out of 4