

Date Correction Plan Due
5/27/2025

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		
Oconto Preschool Center Inc		3000577893 / 003 - 1010875		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
810 Scherer Ave Oconto WI 541531110		920-834-7808	4/9/2025	
	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 member failed to have documentation of an exam not more than 1 year prior to hire date or within 30 days of hire.	Staff member had physical and TB test performed.	8-5-25	
2	251.05(3)(d)5. Administrator - Supervision / Personnel Management Training Description: Staff member failed to have documentation of the additional training completion.	Staff member provided documentation	4-15-25	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	251.05(3)(e)3.d. Center Director / Small Center - Entry-Level Training Description: Center Director failed to have documentation of the additional training being completed within 1 year of assuming the position- 1 course from the Administrator Credential.	staff will take 1 course from Administrator credential Staff started @ UWEC	9-6-25
4	251.07(5)(b)5. Eating Surfaces - Cleaned, Sanitized Description: Eating surfaces failed to be cleaned and sanitized using the 2-step process. A sanitizer and reused washcloth were used doing only 1 step, clothes may not be reused.	staff member will correctly sanitize surfaces with proper 2 step process and not reused cloth.	immediately 4-10-25

NAME - Agency Worker
Ruth Sprangers

Date Issued
5/13/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Harold Burrell ~~4/10~~ 8-5-25